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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

AN EPIDEMIC OF ACUTE DYSENTERY.

BY JOHN A. STAMPS, M. D.,

Of Wallaceburg, Arkansas.

There is a diarrhœal trouble very prevalent in this vicinity which has given the medical man no little trouble in finding a course of treatment most satisfactory to himself and patient. It began in the latter part of June, and has continued more or less severely ever since. It is an acute inflammation of the mucous membrane of the intestinal canal, of a catarrhal nature, self-limited, the average duration of which is about ten days (though some cases last as long as three weeks), characterized by very slight and, in most cases, no fever. In the majority of cases there is tenesmus and tormina, with frequent mucous and bloody stools.

The exact cause of this malady is rather hard to get at. That it is due in part to excessive or imprudent dietary measures, such as indigestible food, or food taken in too great quantities, unripe fruits, etc., cannot well be denied, for some of the most intractable cases occur among patients of this class. There are cases, however, that had taken all dietary precautions, and had always been strictly temperate in every respect, and to show that diet had a controlling influence in the disease, these cases were the most amenable to treatment. Besides these causes, there has been an abundant rainfall in this country at short intervals during the spring and summer months, which has caused all living vegetable matter to flourish in a most prolific manner, and with increased growth there has been an increase in the amount of dead vegetable matter, and this, with all dead animal matter that may have existed near the surface, has been thoroughly saturated with water. This combined with the very hot weather that we have had for the past few months, has been sufficient to produce the so-called malarial poison.

The requisites given by Dr. T. S. Bell, formerly Professor of Hygiene in the University of Louisville, now dead, and a man of whose extraordinary talent there was no doubt, as all who have ever taken issue with him well know, was "a daily mean of temperature of 60° for sixty days, with moisture and decaying vegetable matter, opposing the views of some, *i. e.*, that decaying animal matter also produced the poison," as set forth in his lecture of October 20, 1884, and giving as a proof of his views the scourge of fever at Paris several years ago (not stating the date), in which the inhabitants attributed the cause to the germs of disease being blown from the place where all of the animals that died in the city were removed to, whereupon an inspecting officer was sent to the place to ferret out the cause, and to his surprise, found the most perfect types of health living among the carcasses, and further researches located the trouble under the Hotel Dieu. But be this as it may, the existence of such a poison in certain localities (and this is one of the places the subject of its ravages) is indisputable from the various methods by which it makes itself known, from an ordinary attack of brow-ache to the most virulent forms of pernicious fever.

And while we are aware of the fact that this many-headed monster, so to speak, has almost as

many ways of attacking the human system as there are monsters of the sea, yet to say that this is a true type of the poison would be to ignore the assertions of quite a number of the most eminent medical men of the age; for instead of being controlled by any of the salts of Peruvian bark, it seems rather to be made worse in the incipiency.

Still I am of the opinion that this disease is caused by an entity, *i. e.*, a something which while existing in the atmosphere is inhaled by all; it finds in some a constitution sufficiently vigorous to withstand its morbid effects, while in others it finds, as my very dear friend and noble teacher, Prof. Lunsford P. Yandell, jr., of Louisville, Ky., used to say in his lectures, "a soil suitable for its sustenance and growth," there develops in sufficient quantity, or if due to micro-organisms or germs, sufficient number, with, in many of the cases, the additional irritation of inordinate or indigestible diet, to produce the much-dreaded disease.

The following is extracted from J. Lewis Smith's most excellent work on diseases of children, page 693, as being well suited to this occasion, viz.: "We know that the air is a medium of communication of most of the infectious maladies, though the agents by which these maladies are produced are so subtle that they have for the most part escaped detection. We also know that when our senses can detect nothing wrong the air frequently contains principles which produce the most violent and fatal diseases; and that the impurities in the air arising from animal exhalations and excretions, and from decaying organic matter, are common and potent causes of diarrhœal maladies, is well established."

Since the microscope has been introduced into medicine, with all its modern improvements, as a diagnostic aid, there have been some very important announcements made regarding the etiology of many of the diseases which had for the past ages been a mystery to the medical man; and from the knowledge gained by this important diagnostic aid, we have been enabled to more successfully combat many of the diseases we meet, an instance of which is seen in many of the skin affections which were found to be produced by a parasite.

We can always tell pretty well by this means whether there will be benefit derived from the removal of a tumor, by finding whether it is a malignant or benign growth; while in those of a more grave and incurable character we have been led to adopt prophylactic measures to prevent the spread of the disease.

Since Dr. Robert Koch has immortalized his name by making known the results of his researches and experiments with the sputa of tuberculous patients, by which the disease is traceable to a specific micro-organism—the tubercle bacillus—Dr. W. H. Webb (in the April 25th and May 2d Nos. of this journal), in a most excellent article on the "Contagiousness of Tuberculosis," has, by means of carefully constructed germ traps through which the air might freely pass, leaving any existing impurities on veils of pyroxylin placed in the cylinders through which the air passed, demonstrated the presence of the tubercle bacillus on four of six slides prepared and examined by Dr. Morris Longstreth, of Philadelphia.

Now, with these facts before us, how can we reasonably doubt the supposition that the air is a medium through which many of the poisons are wafted, that when taken into a system somewhat below par, set up a train of morbid changes which result in the production of the disease peculiar to the changes or poison. Yet there has never been a time in the history of medicine when there were not critics ready to ridicule the researches and experiments of others; for instance, the very important discovery of the circulation by Harvey (in 1628), was scoffed at by most of the learned men of that age, and it was with the greatest difficulty that he succeeded in establishing the validity of his discovery, which was still incomplete, and he had scarcely had time to forget his persecutions, when Malpighi (in 1661), by means of a very insignificant magnifying glass compared with the instruments of to-day, completed the deficiency in Harvey's discovery by explaining the means by which the blood passed from the arteries to the veins, and Harvey was one of his most bitter persecutors.

Hence, we should profit by the lessons of the past, and receive the statements of others with that degree of zealousness that will buoy us up to search closely for ourselves, and not, through any envy we may cherish against those who have by being more diligent than ourselves brought out hidden mysteries, renounce their statements without having thoroughly investigated the matter. I hope that no one will for a moment entertain the idea that I consider the disease of which I speak contagious from man to man, for, on the contrary, I think it is a purely non-contagious disease, produced by a peculiar poison that is produced and propagated something after the order of malarial poison, if not in some way related to it, which, entering a system unable to withstand its morbid principles, develops the disease in pro-

portion to the condition of the patient's system, and the amount taken in. The symptoms begin with languor and chilliness, followed in a few of the cases by a slight elevation of temperature, which soon returns to normal, and remains so during the remainder of the attack.

Diarrhœa sets in more or less severely, with pain and slight tenderness on pressure over the transverse and descending colon, radiating pains about the umbilicus, an irresistible desire to go to stool, with tenesmus, tormina, and burning pain in the rectum; the stools at first consisting of rather thin fæcal matter, with a curdy material resembling partly-digested casein. Later on, mucus, blood and a substance looking very much like mashed vegetables make their appearance, and from this time on till there is an improvement in the case, the stools consist almost wholly of these last three elements. There are as many as four to six evacuations an hour, and in severe cases continuing this way from two to four days. There is complete anorexia, and this with the want of assimilation and excessive drain on the system produce extreme weakness and emaciation, which is most marked in the very young.

The tongue in the incipiency is moist, the centre being covered with a white fur, while the edges are free from coating, red, and the papillæ enlarged and hyperæmic. Later on the tongue becomes dry, the coating somewhat heavier, of a darker color, and in two of the three fatal cases that I have had from the disease it assumed a black hue. The pulse is increased in frequency and lessened in force, these conditions being marked in proportion to the gravity of the attack, in my three fatal cases it having reached 130 per minute and scarcely perceptible at the wrist for several hours before the fatal issue. The skin is dry, and has a peculiar leathery feel. The abdominal walls are flaccid and somewhat retracted. The kidneys act rather sluggishly, and in some cases fail altogether. The urine is scanty and high colored.

They have an insatiable thirst, and if water be allowed in large draughts it only aggravates the trouble.

The average duration of an attack may be put down at about ten days, some cases getting well in five or six days, others continuing more or less severely for as much as three weeks.

Convalescence in all cases is very slow, the patient being much emaciated and enfeebled from the excessive drain on his system, and the bowels remaining very irritable, the most trivial causes bringing on a diarrhœal trouble, while the bowels are already acting two to four times a day.

The most frequent complication is of cerebral origin, and as I have had no opportunity of holding a post-mortem, I cannot say what the lesions are, and perhaps the notes of a case would not be out of place. It was a little girl, æt. 3 years; the first indications of a cerebral involvement being a stupid sleepy condition, and when she moved she invariably went backwards, her decubitus being abdominal. Under treatment there was marked improvement for a day and a half, at which time the parents thought she was out of danger, as she was able to eat a light dinner, and talked with good reason; but, alas! in less than four hours she sank again, her decubitus being dorsal. She tossed her head from one side of the pillow to the other, was stupid, and when aroused would complain of pain in her head and ear, and pick at her ear and tongue, and would gradually doze off, muttering all the while. Temperature normal at first, but gradually subsided to subnormal. Pulse 130 and very feeble. Respiration somewhat labored, and when any of her attendants changed the position of her limbs, she would immediately move them again, with an air that indicated a desire to be let alone. In spite of all that could be done, the case terminated fatally.

In the treatment of these cases I have tried the various methods recommended by the books, as the ipecac treatment, the opium, ipecac, and camphor combined, and various others, and find the most satisfactory results obtained from the following course, to wit: I first give the following:

℞.	Hydrarg. chlor. mite,	gr. xij.
	Pulv. Doveri,	ʒss.
	Camphoræ,	gr. xij.

M.—Div. chart. No. xij. Sig.—One chart. every two hours, till a healthy action is produced.

This relieving the bowels of any fœcal matter which may have accumulated above the seat of trouble, the secretory function of the liver is stimulated to an increased action (and in all of the cases that I have seen this function has been more or less sluggish), and by bringing about this increased action relieves the portal congestion.

The opium and camphor relieve inordinate muscular contraction, quiet undue nervous excitability, lessen the purging effects of the calomel, and have a tendency to put the inflamed structures in splints, so to speak.

As quick as the stools have assumed a more normal character, I order 20-grain doses of bismuth subnit., after each action, no matter how often, this acting as a sedative, feeble astringent,

and soothing the inflamed tract over which it passes. I also order an enema, which I consider very important in all of these cases, especially when there is much pain and tenesmus, the following prescription rendering, in my experience, the most satisfactory results, to wit:

℞. Argenti nitras, gr. v.
Tr. opii, gtt. xl.
Bismuth subnit., ℥ss.
Mucil. acaciæ, and aquæ, āā ℥ij.
M. Sig.—Inject ¼ at a time every three or four hours after an action, retaining five minutes by means of a napkin.

This, acting as a local astringent and anodyne, proves very grateful to the patient.

If, after having tried this plan of treatment, the symptoms continue unmitigated, I order in addition the following mixture:

℞. Pulv. kino co., ℥ij.
Tr. opii, tr. camphoræ, chloroformi, spts. ammoniæ arom., āā ℥iss.
Spts. vini rec., q. s. ad. ℥ij.
M. Sig.—A teaspoonful in water every two hours.

This preparation, possessing astringent, stimulant, and carminative properties combined, usually affords speedy relief.

I failed to say before that as the tendency of the disease is to exhaustion from the excessive waste, I order vinous spirits of some kind, preferably blackberry cordial or wine, with the age on it, on account of its asserted astringent properties.

As to dietary, when they crave any food I allow them to drink rice-water, eat rice, well mashed, to which has been added milk boiled for a very few minutes only, as I believe it is injured by long boiling, and sugar, with such other flavoring as they may desire; or preferable to this, the whites of from four to eight eggs, well beaten, to which one-half pint of water, sugar, and other flavoring to suit the taste have been added—this not only acting as a nutritious food, but also forming an albuminous coating over the bowels. I find that quinine, instead of being beneficial in the earlier stages of the disease, rather acts as an irritant, aggravating the trouble; while later on, when convalescence has set in, it, with some preparation of iron, seems markedly to hasten the reparative process. Yet it matters not what treatment is adopted, convalescence is very tedious, and the least amount of imprudence causes a return of the diarrhœa, which has been troubling the patient to some extent for one or more weeks; yet this return is more amenable to treatment than the first attack.

PRACTICAL DISINFECTION.

BY VICTOR C. VAUGHAN, M. D., PH. D.,

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At the last meeting of the American Public Health Association, held in St. Louis, in October, 1884, the Association appointed a committee to investigate disinfectants and the modes of disinfection. The eminent bacteriologist, Dr. Sternberg, of the United States Army, was made chairman of this committee, and he has devoted several months of laboratory study to this work. At the request of the Sanitary Council of the Mississippi Valley, this committee has made a preliminary report, in which the following standard disinfecting solutions are recommended:

Standard Solution No. 1.

Dissolve chloride of lime of the best quality in soft water, in the proportion of four ounces to the gallon.

"The test of good chloride of lime is that it should contain at least 25 per cent. of available chlorine. The following directions are given for the use of this solution: "Use one pint of this solution for the disinfection of each discharge in cholera, typhoid fever, etc., mix well and leave in vessel for at least ten minutes before throwing into privy-vault or water-closet. The same directions apply for the disinfection of vomited matters. Infected sputum should be discharged directly into a cup half full of the solution."

Standard Solution No. 2.

Dissolve corrosive sublimate and permanganate of potash in soft water, in the proportion of two drachms of each salt to the gallon.

"This is to be used for the same purposes and in the same way as standard solution No. 1. It is equally effective, but it is necessary to leave it for a longer time in contact with the material to be disinfected—at least an hour. The only advantage which this solution has over the chloride of lime solution consists in the fact that it is odorless, while the odor of the chlorine in the sick room is considered by some persons objectionable. The cost is about the same. It must be remembered that this solution is highly poisonous. It is proper, also, to call attention to the fact that it will injure lead pipes if passed through them in considerable quantities."

Standard Solution No. 3.

To one part of Labarraque's solution (liquor sodæ chlorinatæ) add five parts of soft water.

"This solution is more expensive than the solution of chloride of lime, and has no special ad-

vantages for the purposes mentioned. It may, however, be used in the same manner as recommended for standard solution No. 1."

STANDARD SOLUTION No. 4.

Dissolve corrosive sublimate in water in the proportion of four ounces to the gallon, and add one drachm of permanganate of potash to give color to the solution.

"One fluid ounce of this standard solution to the gallon of water will make a suitable solution for the disinfection of clothing."

Besides the above solutions, the report contains a formula for a disinfecting and antiseptic powder, which is as follows: "One pound of chloride of lime; one ounce of corrosive sublimate; nine pounds of plaster-of-Paris. Pulverize the corrosive sublimate and mix thoroughly with the plaster-of-Paris. Then add the chloride of lime and mix well. Pack in pasteboard boxes or in wooden casks. Keep dry."

This formula has been objected to on the ground that the yellow oxide of mercury would be formed, and this, on account of its insolubility, would not be as effective as mercuric chloride. But this objection is valueless, because organic matter is capable of dissolving the yellow oxide, as may be proven by either of the following simple experiments: To an aqueous solution of egg albumen add some mercuric oxide, agitate and filter. To the colorless filtrate, add hydrochloric acid and chlorate of potash, and heat until all the organic matter is destroyed and all the free chlorine is driven off. Then treat the fluid with a current of hydrogen sulphide gas, when mercuric sulphide will be formed, showing that the mercuric oxide has been dissolved in the albumen. It is probable that the great value of yellow wash in syphilitic sores is due to the fact that the tissues dissolve and absorb the mercury. The second experiment may be made by the addition of egg albumen to yellow wash and the oxidation of the organic matter, as given above.

Messrs. Parke, Davis & Co., of Detroit, Mich., prepare all the above preparations, which I have examined chemically and found to be exact.

DISINFECTION OF THE PERSON.

The hands of the physician or attendants, or circumscribed portions of the body of the patient, when soiled with infectious material, may be washed with a solution made by adding five parts of soft water to one of Labarraque's solution. This is standard solution No. 3 of the committee, as given above. When the hands of the surgeon are soiled with highly infectious matter and the skin is unbroken, they may be washed in a solution of mercuric chloride (corrosive sublimate), one part to one thousand of water. This solution is, however, too poisonous for general use, and should not be employed by any one when there is any considerable abrasion of the skin. It is needless to say that it should not be applied to mucous membranes. When it is desirable to disinfect the entire surface of the body, one part of Labarraque's solution diluted with twenty parts of soft water is recommended by the committee. In case of death from infectious disease, the body should be thoroughly washed with a solution of mercuric chloride, of two drachms to the gallon of water. This, colored by the addition of two drachms of potassium permanganate, is standard solution No. 2 of the committee. The dead body should also be enveloped in a sheet saturated with this solution. Instead of the mercuric chloride, either standard solution No. 1 or No. 3 may be used.

DISINFECTION OF WEARING APPAREL.

Outer garments, when of value, should first be hung in a closet or small room, with the pockets turned inside out, then disinfected with sulphurous acid gas after the manner to be described in speaking of the disinfection of the sick-room; then they should be placed out-of-doors, and freely exposed to the air for twelve hours or more. Outer garments which are filthy, and also probably infected, should be burned; because, with such a suitable field for their development, the germs might not be destroyed by exposure to the vapor of burning sulphur. The best way of disinfecting the under-clothing is by boiling, as all germs are destroyed after being boiled for half an hour or longer. When boiling is not practicable, such clothing may be immersed for two hours or longer in a dilute solution of mercuric chloride, such as standard solution No. 4, diluted with water in the proportion of one fluid ounce of the solution to a gallon of water, or by immersion in a dilute solution of chlorinated lime, such as standard solution No. 1, diluted with nine parts of water. Messrs. Parke, Davis & Co. prepare standard solution No. 4 colored with bluing instead of potassium permanganate, especially for the disinfection of clothing,

DISINFECTION OF BED-CLOTHING.

The lighter articles of bed-clothing, such as thin blankets, sheets, pillow-cases, etc., may be disinfected as given above for under-clothing. Heavy articles may be spread out upon chairs, and freely exposed to the vapor of burning sulphur, and then freely exposed to the out-door air for

twelve hours or longer. Such clothing may also be disinfected by being spread out in a chamber especially constructed for the purpose, and exposed to dry heat of 230° F. or higher. The contents of the mattress should always be burned, as it is not safe to trust to either sulphurous acid gas or dry heat to sufficiently penetrate such material as to destroy any germs or spores that may have found lodgment.

DISINFECTION OF THE DISCHARGES.

Directions for the disinfection of discharges have already been given under the formulæ for the standard solutions. Rags which are used for the reception of sputa should be burned immediately, or if this is not practicable, as it may not always be in summer time, should be submerged in one of the solutions recommended.

DISINFECTION OF THE SICK ROOM.

No room can be disinfected as long as it is occupied, but the accumulation of disease-germs may be, to a certain extent, prevented by observance of the rules already given for the disinfection of the person, clothing, bedding, and discharges, and, above all, by the free admission of pure air. In the winter time, a good fire-place, with a brisk fire and ready inlets for fresh air; in the summer, the free passage of air through open door and windows; at all times, thorough ventilation is the great desideratum in the sick-room. After the room is vacated, its floor, walls, ceiling, and contained furniture are to be disinfected. The room should be tightly closed, and two to three pounds of sulphur for every 1,000 cubic feet of space should be burned. Parke, Davis & Co. prepare sulphur mixed with black oxide of manganese and pressed into bricks, each brick containing one pound of sulphur. These burn nicely, the manganese oxide furnishing all the oxygen necessary for the complete combustion of the sulphur. The room should be kept tightly closed during the burning of the sulphur, and for eight or ten hours thereafter. Then the windows and doors should be thrown open, and all the wood-work, and, if possible, the walls and ceiling, should be washed with a dilute solution of mercuric chloride, one part to one thousand of water.

DISINFECTION OF PRIVY VAULTS, CESSPOOLS, ETC.

The contents of privy vaults and cesspools should, even when there is no infectious disease in the neighborhood, be freely supplied with some antiseptic powder; and these receptacles of filth should be frequently cleansed. But when there is the possibility of some disease germs finding a lodgment in such places, they should be treated at once with disinfectants. The committee recommends the following: "Use one pound of corrosive sublimate for every five hundred pounds (estimated) of fæcal matter contained in the vault, or one pound of chloride of lime to every thirty pounds."

The disinfecting and antiseptic powder, the formula for which has been given, may be sprinkled freely over the surface of the matter in the vault or cesspool each day. All the wood-work above the vault should be freely washed with a solution mercuric chloride.

HOSPITAL REPORTS.

LECTURES ON INSANITY.

Delivered at the University of Pennsylvania,

BY CHARLES K. MILLS, M. D.,

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Reported by WILLIAM H. MORRISON, M. D.

LECTURE V.

Monomania—Simple Monomania, or Monomania of Character—Delusional Monomania—Cases of Simple and of Delusional Monomania.

GENTLEMEN: The subject of monomania is one which has within recent years, especially since the assassination of Garfield, and in connection with a number of prominent cases, attracted considerable attention. It is a subject of which we should all have some precise knowledge. Some confusion exists in the minds of alienists, much confusion in the minds of many practitioners of medicine, and confusion worse confounded in the legal and lay mind in general, in reference to monomania. This is due to many causes. One cause is, that many different significances have been given to this term, monomania. It has almost been made an opprobrium from the peculiar manner in which it has been used. The common idea of a monomaniac is, or was, a person who has one false belief—in other respects being sound. This is the etymological meaning of the word, and the lay idea, the novelist's idea, and the idea of the sensational newspaper writer. You will read accounts, as I did a short time ago, of visits to insane asylums. The article to which I refer was a description of a pretended visit to an insane asylum some years ago. Among other things, the writer told how he was conducted from one part of the institution to another by an intelligent, good-looking, and physically-healthy man, who described to him the various portions of the asylum, and also gave the peculiarities of the different patients, exhibiting no trace of an unsound mind until he came to a certain patient, when, continuing his description, he said: "Now, this poor fellow imagines that he is the Redeemer

of mankind; but, poor fool, he is wrong, for I am the Redeemer of mankind—I am Jesus Christ." He then passed on to another patient, describing his peculiarities in a sane manner. This is the common idea of monomania, and while there may be some fonndation for a view of this kind, you must at once dismiss yourselves of the idea of the general soundness of the minds of monomaniacs. Again, the term monomania has been applied to patients who have a single morbid impulse; but I shall discuss this under the head of impulsive monomania.

As defined by Spitzka, this is a form of insanity which is usually inherited, and is characterized by a flaw in the understanding, manifesting itself in a general direction. This is a general definition, which gives an idea of what is meant by monomania, but is not sufficient to convey a good practical idea of its varieties. It is the so-called partial insanity of some of the older writers, and even of some of the writers of the present day. It is not moral insanity, yet monomania may include some cases of moral insanity. It is not delusional insanity, and yet it includes some of the most interesting forms of delusional insanity. Nor is it impulsive insanity, yet it includes forms of impulsive insanity.

You will find that some writers discuss monomania under heads different from those which I have given you. Hammond attempts a psychological classification of insanity, and forces his subject to this idea. He is thus compelled to erect various classes of monomania under his general subdivisions of insanity. He divides insanity into intellectual, emotional, and volitional forms, these being based upon the analysis of the mind into the emotions, the intellect, and the will. Thus you will find he discusses emotional monomania, volitional monomania, intellectual monomania, reasoning monomania, and so on through a long list. It is better I think to adopt some simple division, such as—

1. Simple monomania, or monomania without delusions.
2. Delusional monomania.

In the first place, we have monomania without delusion. This is the monomania of character. It is simple monomania. I am dissatisfied with all of the terms which are used as descriptive of this variety of mental disorder. I think that the best of all would be a term which would express the idea of monomania of character, or insanity of character. It is a peculiar defect or flaw in the character of the individual, which exhibits itself particularly in the logical apparatus, although it may show its presence in many ways. What is meant by monomania of character, simple monomania, or monomania without delusions, can only be understood by description and by seeing cases; not simply from seeing them, but by studying them minutely and carefully, and from a broad standpoint. This is the form of insanity which is so much doubted by many. Many disputed cases of it are on the border line between sanity and insanity. It is one of the forms of insanity so many cases of which get into the courts, and about which disputes arise even among the doctors. I think that no one who had seen these cases as I have seen them, and studied their histories, in some cases from the cradle to the grave and in others from the cradle to the time of examination, would fail to reach the conclusion that they represent a form of insanity.

What are the characteristics of these cases? They are, it may be, without any special impulse or delusion; they are not melanchiacs, not maniacs, nor katatonics; they are not representatives of any of the forms of insanity which we have yet studied.

I was called upon not long since to examine a case of this kind in connection with another physician. I shall briefly give you the history of this case. He is of good family, as many of these patients are. By "good family" I mean principally that the intellect, as far as the other members of the family is concerned, is good. He is now about 40 years of age. All that can be said about his childhood is that he was peculiar. He grew up to manhood and began to exhibit certain eccentricities and peculiarities of conduct and behavior. While his mother was very ill, he went through the community and invited a number of people to attend her funeral, and even had the house crowded with people coming to the funeral of his mother before she was yet dead. Then it was noticed that this man of good family and good surroundings now and then committed some form of misdemeanor without any cause for so doing. He obtained money under false pretences, without any excuse for his actions. He went to a western city, but was unable to keep any position for any length of time, although having a good education and some ability as a writer. He has occupied the position of reporter and editor on a number of newspapers, but was unable to keep any situation for any length of time. He obtained money from one of his relatives on the statement that he wished to use it in obtaining employment. Instead of doing this, he spent the money in feasting reporters and others connected with the newspapers: the result of this expenditure was that he got a few passes to the theatre. Not satisfied with this, he also forged passes to the theatre. He was arrested for forging the passes, and there was a great exposé of the whole matter. He was sent to an asylum.

In New York he again obtained money under false pretences, was arrested, and was sent to the penitentiary. He has been in three or four asylums, in a county penitentiary, and other penal institutions. He has done many things to try to gain notoriety. His strong personal characteristics are intense egotism and vanity. He seems to have no appreciation of the distinction between the truth and a lie. I believe that in the interviews I had with him he told more outrageous lies, with more coolness and appearance of truth, than I have heard from any other individual in the same time. So striking is this characteristic in these individuals, that they impress upon others the apparent truthfulness of their statements, and thus interest others in their statements. It is for this reason that worthy persons —clergymen, physicians, lawyers, philanthropists —have been induced to believe the representations of such people, and fight their battles for them. They can lie so plausibly, give so complacently a history which is entirely the opposite of the truth, that almost any one would believe them. As for the occurrence of distinct delusions in patients of

this kind, it would often be difficult to make a point of this. They have delusions as to their own importance. Their reason for doing this, that, or the other thing, is based often upon a delusive idea.

Guiteau was undoubtedly another case of this kind, but his case has been so much discussed and described that it is hardly worth while to go into it now. Guiteau had all the peculiarities of a man with the monomania of character. It is doubtful whether he had the delusions which he claimed to have. His was one of those cases in which a man who was really insane claimed to be insane in a way in which he was not. This is my own view of his case, and it is the view which is held by many. He claimed and urged upon his counsel to base his defense upon the idea that his crime was committed under an inspiration from the Lord—an Abrahamic inspiration of some kind. His real delusive state was as to his own importance, as shown in in his application for positions for which he had no qualifications or claims. He applied for, and supposed that he would get positions as far removed from him as they were from any porter in the streets of Washington. A certain degree of erotomania was exhibited by him. Instances came out in the investigation of this case in which he tried to force his attentions on women high in social position, and to whom he was utterly unknown; he even imagined that they reciprocated his affection. I will not dwell here any further on this case. I have discussed it more fully elsewhere.*

As a rule, these monomaniacs are not possessed of much real intellectual power. It is sometimes strongly averred otherwise. Those who come in contact with them but casually sometimes get the idea that they are people of wonderful ability, but it will generally be found that it is simply an appearance of brilliancy which has no real basis. During the progress of the Guiteau trial, it was often said that he was too smart to be crazy. A careful consideration would, however, show that he was far from being even "smart." The very interruptions which he made, and the varying methods by which he endeavored to free himself from the consequences of his crime, were opposed to this idea. The brilliancy which is present in these cases is merely an occasional brilliancy of speech. This is not uncommon, but real intellectual power is usually wanting.

We had a reasoning monomaniac at Blockley for a few weeks. She, like these other individuals to whom I have referred, had the appearance of intellectual ability, but to use her own words, "She had been at all kinds of labor, and although she was good at all, she never succeeded at any. Although acknowledged to be the best book-canvasser in the country, she could not make her living." So she told me how she went from one business to another. She was egotistical beyond all measure. When first admitted, she was put into the ward for nervous diseases, where there were about twenty-five or thirty other patients. In about five minutes she remarked that she thought she would have a room somewhere else, as she did not care about mingling with the Irish trash, and began to raise a row. She was a source of interminable trouble, and at last we sent her to the out-wards. She finally was dismissed from the hospital, and I thought we were well rid of her, but three days later she came to my office and made a great fuss. She was at the Pennsylvania Hospital, but they, sharper than we were, got rid of her in twenty-four hours. She then went to the mayor with charges against the nurses and the managers of that institution. She was, I believe also at the Presbyterian Hospital.

A patient of the same kind came to the polyclinic some two or three months ago. I will give you the history which I obtained in part from one of his friends. In Ireland, he was being educated for the priesthood, but before he had finished his course, he left college, probably in consequence of his mental peculiarities. He then began teaching languages in Ireland. He was tolerably well educated, and had a good memory for poetry. He appeared to be better educated and to know more at first sight than he really did, as is the case usually with these individuals. He was always eccentric, excitable, and irritable. He was egotistical and overbearing, and would talk most of the time of himself, his abilities, and his troubles. When he came to this country, he went into the liquor business, and although he had good financial backing, he soon failed. On account of his overbearing manner, no employee could stay with him. He then went to New York and served a short time as reporter for one of the large dailies. One or two notorious sensational interviews of a Presidential campaign were largely the product of his imagination. He finally got into a condition in which he was absolutely unbearable. He was excitable, always talking about himself, and yet sometimes he seemed to be aware that there was something wrong with him.

Let me say a few words here in passing about what is sometimes termed *emotional monomania.* When monomania takes the emotional form, any one of the emotions may be the one affected. It may, for instance, be that of fear. I have one patient, in particular, who is so terror-stricken by a thunder storm that she passes almost into a maniacal condition. Then there is the dread of hydrophobia. I have two patients who suffer from this peculiar form of mania. Both are ladies. I have known one of them to become convulsed at the sight of a dog. Her whole life, and the lives of those around her, are made miserable simply because she is possessed with this special idea. Some individuals cannot go into an open space without becoming terribly agitated or getting into a half maniacal condition. There is also the opposite condition—the fear of closed spaces. One of the best illustrations of such a space, and one most likely to reveal the trouble, is a hotel elevator.

Instead of this form of morbid fear, any one of the special peculiarities of the individual may be developed into an insane state. Jealousy, avarice, pride, or any of the emotions, may become exaggerated to an insane degree, and produce emotional monomania. I have one patient who has an insane fear of having cheated some one. She scarcely ever purchases anything without being worried for hours, and perhaps for days, with

*Transactions of the Pennsylvania State Medical Society for 1882.

this fear. I have another patient who owned a large plantation in the South, and was an intelligent and highly educated man, greatly respected in the community in which he lived. On pay-day he would pay off his hands, and he had never been known to make a mistake, and yet he would become almost distracted for fear that he had made a mistake and cheated somebody.

Let me not mislead you. If you study these cases carefully, you will find that the special manifestations to which I have referred are connected with some general evidences of perverted mentality. I should not consider an individual, simply because he or she exhibited these symptoms of this sort, as insane in the ordinary sense of that term, and certainly not in a legal sense. This is only another illustration that sanity and insanity are closely related. One may be at one end of the scale and another at the other end, and between the two there are very many grades.

Delusional monomania is a form of insanity characterized by the existence of delusions of a systematized character. In some of the books you will find these cases considered under other heads than the one which I have given you. They are sometimes classed under the head of delusional or chronic delusional insanity. This term, however, is not a good one; it is too broad, and might embrace other special forms of insanity, not strictly monomania. Clouston treats of these cases under the head of *states of fixed and limited delusion*. This is a good general designation.

Monomania with delusion is the more common form of monomania, or, at least, the form more commonly recognized as insanity. A patient with simple monomania may sooner or later become the victim of monomania with delusions; or I believe that he may by education, training and treatment be delivered from the condition of monomania.

Certain peculiarities about monomania with delusions, enable it to be diagnosticated from other forms of delusional insanity. The delusion may be either expansive or depressing. At one time it was thought that monomania was a form of insanity in which the patient had only ambitious and expansive delusions. The term *megalomania*, still sometimes used, was applied to this condition. But further investigation showed that the monomaniac might have depressing delusions. The delusions of melancholia are depressing. The delusions of mania are expansive, and those of dementia paralytica are usually expansive. The delusions of monomania have this peculiarity, and it is this which stamps the case as one of monomania. They are, as I have already stated, what are termed systemized or organized delusions. The patients can reason about them in a way of their own, it is true. They can tell you why they are the commanders of armies, the heads of the church, the victims of conspiracy, or the suffererers from spiritual agencies. They will describe their inventions to you, and show you that you are wrong and that they are right. This is the striking peculiarity of monomania. In mania a man has an expansive delusion, but one minute he is a great man, he is very rich, or very strong, and the next minute he is something else. He does not stop to explain why he is strong or rich or great. The paretic dement also is worth $10,000,000 this minute, and $50,000,000 the next; one minute he is a king, the next something else. A monomaniac is a king, and he never altogether loses sight of the regal character which he has assumed.

The Germans have a word meaning a "fixed idea," which they apply to cases of this kind, and which also expresses the peculiarities of the patient. In this fact we find the justification for the use of the term monomonia. I tried to explain this at the beginning of the lecture. You must not get the idea that a monomaniac is one who has but a single fixed idea or delusion, and is absolutely sane in every other respect, yet it is a fact that the flaw is usually shown in one general direction. Sometimes the delusion is so prominent that it overshadows everything else, and hence the layman, and sometimes the physician, can see nothing except that the man imagines that he is the pope, or a king, or the Almighty. If, however, the character and history is analyzed, other things will be found showing that the patient is insane. Although the delusion is fixed and limited at one time, it is possible for it to change. It does not change from moment to moment as in melancholia. In monomania, a patient who has had in the beginning the delusion of suspicion and persecution may at another time have delusions of aggrandizement or of unreal greatness; but the change is not usually a sudden one.

In delusional monomania the delusions can in most cases be classed, as they have been by Clouston* and others, under three heads: (1) Delusions of unreal importance; (2) delusions of suspicion and persecution; and (3) delusions of unseen agencies.

Many of those known as "cranks," are cases of delusional monomania. Personally, I deprecate the indiscriminate use of this term "crank," applied in this way. Many seem to use it simply to give them a way of escape from the diagnosis of insanity. Philadelphia has and has had its quota of these people. I well remember when a boy seeing one of these characters at the Falls of the Schuylkill. He was known as the long-haired prophet, from the fact that he never cut his hair, and went around the streets without a hat. He was given to preaching and taking up collections. When the receipts were sufficient, he would often drink too much and get before the court before he had time to recover from the effects of his potations. On such occasions he would defend himself, and rebuke the audacity of the court for "rebuking the Lord's anointed." On one occasion, when sentenced by Judge Parsons to thirty days' imprisonment, he raised a great laugh by earnestly declaring, as he was being removed, that "God made religion, but the devil made Parsons."

A man wanders about town who has been to see me several times, and who believes that his wife is trying to poison him by putting poison in his drink and food. He is intelligent, and has studied up the action of poisons, and certain symptoms which he presents are attributed by him to the effect of poison. On one occasion he took a substance to Dr. Leffman for analysis, but the doctor soon discovered that he had to do with

*Clinical Lectures on Mental Diseases.

a delusional monomaniac. A woman, whom I also know well, believes that she has been poisoned by the nurses at the Pennsylvania Hospital, and that she is being kept under mesmerismic influences. She believes also that she is a clairvoyant, and that she is connected with the royal family of England.

Another of these characters was Captain McC., a Delaware river pilot. He had the delusion that he was the sole heir of Jonathan Dickinson, who had owned about half of the ground of the city of Philadelphia. During the time that the river was open to navigation he devoted himself to his occupation of pilot. As soon as the river became closed with ice, he would every morning go to the office of the Recorder of Deeds and spend the day in copying deeds. He attended auctions of real estate, and when a lot was knocked down to the highest bidder, the Captain would warn him against completing the purchase, as he had the title to the estate, and no deed could be given. On other subjects he appeared to be sound, and was regarded an unusually shrewd man.

"Mad Dallas" was another well-known character in this city. He resembled Vice-President George M. Dallas. Whilst sane on all other points, his desire to look like the Vice-President soon affected him so that he at last came to believe that he really was Mr. Dallas, whose walk, dress, and manners he affected. Every day he would walk to the steps of the State House, and deliver a disconnected address to the crowd which would collect. He would then go to the steps of the Custom House and repeat the same harangue.

Another living Philadelphian believes he is a lineal descendant of Patrick Henry. Possibly there is some of the blood of Patrick Henry in his veins, and he certainly says so with much emphasis. He is a great man in his own estimation, and thinks that he is very eloquent.

In future lectures I will call your attention in more detail to some remarkable cases of monomania, both simple and delusional.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, June 11, 1885. The President, Dr. Shakespeare, in the chair.

Dr. H. R. Wharton presented a large tumor removed from the posterior portion of the left thigh of a patient in the University Hospital, under the care of Prof. Ashhurst, with the following history: Geo. H——, aged 32 years, whose father is still living, and whose mother died, when he was an infant, of meningitis, whese brothers are living and healthy, noticed some eight years ago a small tumor appearing on the posterior portion of the left thigh, about six inches above the popliteal space. Since that time it has gradually increased in size, until at the time of his admission to the hospital it presented itself as an oblong tumor larger than a man's head. The growth of this tumor was accompanied by paroxysmal attacks of severe pain. He could not remember ever having received an injury at this portion of his body. The tumor was enucleated without difficulty, and in so doing about six inches of the sciatic nerve was laid bare, which was directly in contact with the tumor; a portion of the semi-tendonosus and biceps muscles, were stretched over the tumor.

Upon examination, after removal, the tumor was found to consist of one large cavity containing a reddish-brown fluid, surrounded by a thick fibrous wall, varying in thickness from an inch to two inches, and at points presenting numerous points of calcareous degeneration; the inner surface of this wall was lined with irregular flocculent masses. Microscopical examination proves it to be a spindle-celled sarcoma, with areas of calcareous degeneration scattered through it.

The principal points of interest in this case are the large size of the tumor, the slow course of its development, the ease with which it was removed without injury to the surrounding structures.

Dr. Tyson said that he was much interested in the cystic feature of the tumor. It would be interesting to determine if this cyst—which is a typical example of the cysts by softening—has an endothelial lining. He also asked the nature of the fluid contents.

Dr. De Schweinitz replied that he had been foiled in his efforts to make satisfactory sections by want of time for decalcifying the growth. He had determined, however, that it was unquestionably a spindle-celled sarcoma. The cyst's contents had been spilled during the operation, but were of a chocolate color.

Dr. Barton said that at the previous meeting Dr. Nancrede had exhibited two growths with a similar clinical history and analogous histological structure. It would be interesting to examine both growths with reference to the character of the walls of the blood-vessels, as suggested by Dr. Nancrede, to ascertain if any light could be thrown upon the non-malignancy of the so-called recurrent fibroid tumor of Paget.

Dr. Nancrede remarked that he had at the previous meeting specially called attention to the fact that the *so-called* recurrent fibroid of Paget was a small spindle-celled sarcoma. The position which such growths occupied, viz., the subcutaneous connective tissue, did not seem to him as had been suggested by Dr. Stimes, a satisfactory explanation of their non-recurrence. He was under the impression that a careful study of the histology of their vessel walls could demonstrate that they more closely approached those of a fibroid tumor than those of other sarcomata in not being merely channels through the tissue, directly—or almost directly—in contact with the tumor-cells. Dr. Nancrede thought that the term "recurrent fibroid" was a good clinical one, as applied to a certain class of sarcomata, since other tumors much resembling them in histological character pursued a far different course.

Dr. Tyson said that he had early made study of these growths, first known as fibro-plastic tumors of Lebert, and later, named by Paget "recurrent fibroid," but now correctly included among the sarcomata of Virchow. Dr. Tyson thought that the explanation of its non-malignancy was found in the fact that the physiology of sarcomata varies greatly in this respect, some being scarcely more so than certain fibromata, while others vie with the worse cancers in this

characteristic. The former are represented by the hardest of the sarcomata, which again are the small spindle-celled, which may be said to be the type of the recurrent fibroid of Paget. He agreed with Dr. Nancrede that the term was a good clinical one, designating a small spindle-celled sarcoma recurring in loco, but seldom by metastasis.

Dr. Formad said that no true tumor ever had arteries or veins; their blood-vessels were merely blood-channels, without muscular walls, even in fatty tumors. The cancers are an exception to this; they have true blood-vessels and nerves, hence are painful.

Dr. Nancrede replied that, as Dr. Formad's statements were totally at variance with all reliable observers, he was not prepared to accept them at present, and still thought that careful study of the histology of the vessel walls in the various sarcomata might reveal something of practical interest.

Dr. Formad said that, to him, the relative malignancy of these growths was plain. The spindle-cells can never move from their position, especially if the blood-vessels are small. The small round-celled sarcomata have small cells and are more vascular, and, hence, are very malignant, *i. e.*, give metastasis. Giant cells never travel.

Dr. Shakespeare said that the suggestions of Drs. Nancrede and Barton as to a possible difference in the blood-vessel walls of sarcomata of differing malignancy, was doubtless based upon the well-known fact that these growths become generalized through the blood-channels. It seemed to him a matter of interest, and also raised a point which might be found of importance if properly investigated, as explaining the clinical differences. It is indeed true that the tendency to malignancy from metastasis was in large part due to the ease with which cells could be detached from their place, and this has as much to do with metastasis as the supposed mobility of elements. As to the condition of the vessel walls in recurrent fibroma, he was very sure that in the primary tumors, which have been, after removal, diagnosed as pure fibromata with numerous endothelial cells along the bands of fibrous tissue, recurrences have shown a change of type to perfect sarcomata; yet the blood-vessels in the first were those of connective tissue, while in the second they have the character of simple blood-channels.

Dr. Hughes would like to call attention to the theory of a late German observer that all sarcomata arise from the endothelia of blood-vessels. It is then easily understood how they become generalized; the cells arising from the endothelium setting up the same change in the endothelium wherever they touch, while cells derived from other structures will have no effect. This distinction might be made between sarcomata remaining local and those becoming generalized, that the former arose from fibrous tissue and not from endothelium.

Dr. Nancrede desired to say in conclusion that he was of course perfectly familiar with the fact that mobility of cells had much to do with malignancy, but he felt compelled to positively deny, upon the basis of experience, the so-called fact so positively asserted by Dr. Formad that large spindle-celled sarcomata never can become generalized because, from the form of their cells, they must "stick" in the vessels. He had presented a specimen to this society some years since of the most malignant growth that he had ever had the misfortune to deal with (here followed history). He believed that Dr. Formad examined the specimen, and had not then dissented from his opinion. He would relate other instances presented to this society, but further remark was unnecessary, since all other observers except Dr. Formad had repeatedly called attention to the special malignancy of large spindle-celled sarcomata, except in certain situations. He would suggest that positive statements founded on any one observer's experience were apt to be delusive.

Specimens from a Case of Pneumonia.

Presented by Dr. M. H. Fussell.

The subject from which the specimens were removed was a child, æt. 7 months, with following history: Mother is syphilitic, was under treatment for perforating ulcer of palate at the time of death of child. Had previously had a syphilitic iritis.

I had treated the child itself for snuffles and a syphilitic eruption. On the 2d of May child suddenly taken with convulsion. He had three more before I saw him on the 3d.

At first visit, aside from a little dullness, there was nothing wrong that could be discovered. Slight rise of temperature (99.5°). No eruption; no lung symptoms; pupils were normal. He was put on iodide and bromide of potassium, continued to have convulsions until midnight of same day, having passed through eight in all.

May 4. Temperature normal. Still nothing abnormal noted.

May 5. Temperature had risen to 101.8°, expiration hurried, a few fine rales noticed over both chests.

May 6. Respiration 60, pulse 160, temperature 100°. Physical signs of a capillary bronchitis.

May 8. Blowing breathing noted over right chest posteriorly, some dullness in same position. A friction sound was also noted. The crepitant rale was absent.

May 10. Temperature 103°. Blowing breathing and dullness over right chest, especially posteriorly. Child looked remarkably well, was bright, and took notice of parents. When sleeping he had an "expiratory moan."

May 13. Lay in stupor all day. Pulse 180, respiration jerky and 80 per minute. Died at 8 o'clock on 14th.

Post-mortem.—On opening thoracic cavity, the lungs had not receded, but almost met in median line. The edge of the lung was very light color. Left pleural cavity contained a small amount of purulent liquid. Lung connected to chest wall by a few recent adhesions, easily broken down. Left pleural cavity almost entirely obliterated. On separating the lung from the chest wall, the latter had the appearance of an abscess cavity. There was no liquid exudate in this side. Between the base of the heart and the overlying lung was a patch of puriform membrane, size of a nickel five-cent piece. The entire right lung, with the exception of a strip one-half inch deep, extending along the anterior edge, is consolidated.

The pleura is converted into a puriform membrane one-half line in thickness, over the entire lateral part of the lung, covering a surface of about two and one-half by three inches. A strip of similar membrane is along the posterior edge. All the lobes of the lung are united by membrane. There is also a patch on the diaphragmatic surface. On section of the consolidated portion of the lung a purulent liquid exuded from several bronchioles. The anterior crepitant edge was filled with a frothy liquid.

Left Lung.—Crepitant throughout, except a small portion of the base. Pleura converted into a thin membrane in different portions.

Pericardium.—Was filled with a serous fluid; both surfaces roughened. Over the base of the heart, just under the position of membrane between the lung and the pericardium, was the seat of greatest amount of disease, as though this had been the starting point of the pericarditis. The lower surface of left ventricle of heart was covered by a thin puriform membrane, which was easily detached.

Heart.—The right ventricle filled with a chicken fat clot, which extended into both branches of the pulmonary artery. Left ventricle contained a clot which extended down aorta two inches. Valves all normal.

The abdominal viscera were all normal.

The head was not examined.

The microscope shows the consolidated portion of lung to be the seat of a typical catarrhal pneumonia. The alveoli are partially or entirely filled with epithelial cells. The left lung showed a microscopic picture that might be expected in a case of capillary bronchitis.

This case interested me from both its clinical and pathological aspects.

Clinically, as to what relation the convulsions had to the lung trouble. It was not until the third day after the first convulsion that any evidence of lung trouble appeared, and until that time the patient was not apparently seriously ill between the convulsions. The lung lesion was not *overlooked* until the third day, because I had made a careful examination each visit. At first I supposed it likely the convulsions were due to the syphilitic taint, because of the absence of anything else to explain them, but the subsequent history of the case I think proved that they actually marked the beginning of the lung trouble. The entire absence of any cerebral symptoms in the progress of the case would go to prove this.

Pathologically, the case is interesting from the unusual amount of time involved in the pneumonic process, for it is the rule in cases of catarrhal pneumonia to have scattered patches of consolidation, instead of, as in this case, an entire lung. It is also interesting to trace the sequence of the lesion found. Doubtless the first trouble was a bronchitis, this was soon followed by the pneumonia, which in turn gave rise to the pleuritis. The pericarditis doubtless arose from the irritation caused by the inflamed portion of pleura overlying the base of the heart, for immediately under this spot is the seat of the greatest disease in the pericardium, and here the disease spread both by continuity and contiguity of tissues.

Dr. Musser said that he could recall a case in some respects very similar. It was one of purulent pericarditis and pleuritis in a child aged 8 years, who had been rendered ill by exposure to cold seven days previous to Dr. Musser's first visit. In the early history there were nervous symptoms so prominent as to lead to a diagnosis of cerebro-spinal meningitis. During the first week of Dr. Musser's attendance, typhoid symptoms were marked, rapid respiration, extreme dyspnœa, rapid pulse. Purulent pleuritis was proved by the hypodermatic needle. Under stimulants the child improved, but occasional dysphagia, pulsation of the veins of the neck, evanescent and later persistent aphonia, were noticed. The heart was not displaced. Dr. Musser did not make out the pericarditis. The child died suddenly of heart-clot. At the post-mortem pus was found in the left pleura and pericardium, and no connection or evidence of extension such as was found in Dr. Fussel's case was detected here. The pericardial effusion had been overlooked. What then would have been the result of pleural tapping? The amount of pericardial effusion would certainly have influenced unfavorably the withdrawal of fluid from the pleural cavity—sudden death resulting. Hence a pericardial effusion should be looked for in all cases of pleural effusion, and in its recognition stress should be laid on the non-displacement of the heart, the absence of the apex-beat and impulse, the presence of the pulsating veins in the neck, as well as aphonia and dysphagia—pressure symptoms arising from a large pericardial effusion.

Two Specimens of Sarcoma of the Choroid.

Presented by Dr. G. de Schweinitz.

Dr. William L. Norris kindly permits me to exhibit these specimens, both the patients from whom they were removed having been under his care, the one in private practice, the other in the University Hospital.

J. McT., aged 21, applied for treatment at the Eye Dispensary of the University Hospital three weeks ago. He stated that for three months the vision of his left eye had been gradually diminishing, and for the last month the eye had been totally blind. This loss of sight was accompanied by no pain in the eye, neither did he suffer from headache or ciliary neuralgia, nor was his own general health or nutrition in any way impaired. His occupation was that of a weaver, but there was no history of injury or inflammation. He was examined by Dr. S. D. Risley and myself, and the following account is taken from Dr. Risley's description at that time: The vision of the right eye was normal, $\frac{20}{XX}$; in the left eye there was absolutely no light perception. The pupil under the influence of a solution of hematropia is dilated widely, but not so completely up and in as elsewhere. Using transmitted light, the eye looking directly in front, there was not the slightest reflex from the eye-ground. When the eye was slightly turned down, a small area of the ordinary red reflex was seen below, shut off above by an abrupt dark line, curved downward. In this space detachment of the retina was easily detected. Oblique light showed a reddish-brown mass occupying the upper and inner half of the eye-ground, coming almost to the posterior plane of the iris, so near as to apparently exclude the

lens. This, however, was present and not opaque. When the eye was strongly rolled down, the upper lid raised, palpation over the ball detected an area of increased resistance and density as compared with the remainder of the eye. Over this region the perforating branches of the anterior ciliary vessels were enlarged and markedly tortuous. The general tension of the ball was not increased apparently. The diagnosis of intraocular tumor was made, and the patient advised to have the eye-ball enucleated. To this he consented. Dr. Norris performed the operation. The optic nerve was cut off one-half inch from the ball, and the succeeding hemorrhage rendered the tissue about the oblique muscle so tense as to make it doubtful in the case of the superior oblique whether this thickening was due to escaped blood or infiltration of the new growth. This suspicious orbital fat was removed. On section of the eye the cavity is seen to be occupied by a melanotic sarcoma growing from above and out, leaving a small space posteriorly and below, with attached retina and subretinal fluid.

The second case was removed by Dr. Norris from a girl, aged 18. The history of the duration of the tumor is deficient. Here the new growth almost entirely filled the eye. The section which I exhibit to-night shows that the growth is composed of round and spindle cells, many of the cells of an epithelioid type, and portions of the tumor separated into an alveolar arrangement by a fine vascular structure. The tumor may be classed as an alveolar sarcoma. The optic nerve entrance shows atrophy of its elements, but no true infiltration in the new growth. A year after the operation no return *in situ* had occurred.

Dr. Tyson had examined the specimen with interest, and was at first at a loss to name the growth, as there were round cells of a connective tissue type, epitheloid cells, and some suggestions of an alveoloid arrangement.

Dr. Formad thought that the growth should be classed as an alveolar sarcoma.

Dr. Tyson thought it was an alveolar sarcoma, the sarcoma carcinomatoides of Rindfleisch and others.

Dr. Shakespeare said that the growth was a most extensive combination of epithelioid and connective tissue elements, evidently springing from the choroid, leaving the hexagonal choroidal elements untouched. There was also an evidence of dilatation of the blood-vessels, and filling up of their lumen with detritus and, perhaps, proliferated endothelial cells and leucocytes. In one portion of the growth there is a channel with as perfectly formed cylindrical cells as is an adenoma or cylindrical epithelium. The fact that the patient has lived over a year since the removal of the eye, free from disease, would lead us to believe that the growth was benign. Whether it can be positively classed as a sarcoma was doubtful. By following around the section there can be no doubt that in the portion represented by the section the retina is not affected, as the hexagonal layer of choroidal cells can be traced unbroken.

Dr. De Schweinitz said that the retina was certainly not affected.

Dr. Shakespeare said that the non-recurrence of the growth was also against its sarcomatous nature, as the alveolar sarcoma was the one most certain of all to become generalized; besides, this growth contained germinal epithelial cells.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Writers' Cramp.

Dr. R. P. Robins thus spoke to the Philadelphia County Medical Society, March, 1885:

It would be supererogatory, I think, to give to the members of this Society any detailed account of the symptoms of the disease commonly known as writers' cramp, as most of those to whom these remarks are addressed have doubtless seen, and, perhaps, been baffled in the treatment of cases of that very troublesome and annoying neurosis, in one of its three forms. It will be necessary for me, however, before discussing the methods of treatment which, in my hands, have met with varying success, to touch somewhat upon the mooted question of the pathology of the disease. I spoke of writers' cramp as a neurosis; in this view of the nature of the disease, I would be supported by many of the authorities to whom you would be likely to refer; but you would also find almost an equal number who would not regard the malady as a neurosis at all, or at least would quarrel with any theory which located the lesion in any part of the central nervous system. As far as I am aware of the history of the disease, and I have lately given the matter considerable study, there is no record of any case where an autopsy gave opportunities for an exact determination of the seat of the lesion, and it does not seem likely that we are now any nearer the solution of the problem by this means, than we were in 1857, when Zuradelli, of Pavia, published his brochure "Del Crampo degli Scrittori," in an Italian journal. The writer was strongly of the opinion that the cramp was a muscular, rather than a centric disease, his theory being that there was a debility of certain muscles, generally employed in certain coördinative movements, and a secondary spasm of opposing muscles. Even so late an essayist as Dr. Poore, of London, to whose admirable little book, "Electricity in Medicine and Surgery," we owe many excellent suggestions as to the treatment of many diseases in which the battery can be used with advantage, does not array himself strongly in opposition to this theory, and I am aware that many of those whom I am addressing to night probably hold the same opinion. On the other hand, an array of authors, Duchenne, Erb, Althaus, Solly, and others, very emphatically give, as their dictum, the conclusion that the disease is due to a lesion of some point of the nervous centres, although they are divided

as to its localization. Dr. Solly is the only one who definitely gives it as his belief that the lesion is to be found in the cervical portion of the cord, and that there is a granular degeneration of what he calls the "nucleated vesicles."

I have said this much regarding the possible pathology of the disease, simply as prefatory, because, of course, the nature of the treatment will be influenced to a greater or less extent by the views which you hold as to the ætiology of the disease, although I may say for myself that my opinion, formed after some experience with a number of obstinate cases, and also after considerable investigation into the literature of the subject, strongly tends towards the conclusion that the lesion is to be found just where Dr. Solly says it is, in the cervical portion of the spinal cord; it is with this belief that I have to suggest a course of treatment which, I think, will benefit any case, if the disease be taken in time.

As I have intimated, I pass over any attempt to describe the symptoms of the disease as entirely unnecessary, only noting that all cases will present themselves under one or the other of three forms. They will be either (1) spastic, (2) tremulous, or (3) paralytic, and these three divisions will, to you, carry their explanations in their names. Nor do I think that the variety in form would influence the method of treatment, which could be applied to any of them indifferently.

Now, there are three factors in the treatment of writers' cramp, or, indeed, of any of those analogous conditions of incoördination, which are met with in tailors, telegraphists, pianists, milkers, and others. One of these factors is essential, the other two are simply effective methods of local stimulation. I refer to *rest*, *electricity* and *massage*. I will speak of these *seriatim*.

1. Your patient must have absolute rest, not necessarily of the whole body, but absolutely and entirely of the affected muscles, as far as those particular movements of coördination are concerned, whose abuse has brought on the attack. It is necessary to be very firm in demanding this element of treatment from your patient. Various objections will be urged; the disease is to be met with amongst a class of men upon whose pen depends their livelihood—to suggest rest to them is to suggest starvation. Your only answer can be the unfavorable prognosis, which is unchangeable in all cases where you cannot secure this factor. I have no hesitation in saying that no case can possibly recover, unless time be given to the degenerated nerve-centres to regenerate themselves; and that they assuredly will not do, if the demand upon their functional activity continues. In some cases I have been accustomed to order the arm to be carried in a sling for a week or so, to remind the patient that all writing is to be shunned; with the majority of patients this suggestion will be unnecessary; of course, I need hardly add, any other coördinative movement, involving the same group of muscles, may be indulged in with impunity.

2. Electricity is an important factor in the treatment, but I do not regard its use as absolutely necesssary in simple uncomplicated cases, when taken early enough. I believe, however, that it hastens recovery, and therefore should always be employed. The continuous, and not the faradic, current should be used. The latter has been a favorite amongst the Germans, so high an authority as Dr. Erb sanctioning its use; but I am inclined to think, with Dr. Poore, that the best results are most certainly obtained by the employment of the continuous current. A weak faradic current may be strong enough even to destroy the electric irritability of the worn-out muscles in writers' cramp. Galvanism, to my mind, offers the safest and best mode of electrical treatment, and one which, in favorable cases, is sure to be followed by good results. The current should not be so strong as to cause muscular contraction, but should produce a slight tingle at the ends of the fingers when circuit is made or broken; It should be used every day for the first fortnight, after that time, the séances should be gradually diminished in number until the end of the second month, when they may be discontinued in a typical case where recovery progresses without intermission. But the disease varies so much, some cases yielding easily to treatment, and some proving so unreservedly obstinate, that it is hard to lay down an iron-clad rule with regard to the administration of the electricity. With regard to the method of its administration, I think the suggestions of Dr. Poore so admirable that there seems no good reason for departing from his method of treatment. He says:

"One pole (the positive) is placed, let us say, over the axilla, and the other over the ulnar nerve just where it leaves the biceps muscle *en route* for the olecranon. The strength of the current is short of that which causes muscular contraction, but is just sufficient to make the patient conscious of a tingle in the end of the little finger when the circuit is made or broken. The patient is made to exercise the interossei by separating and approximating the fingers rhythmically. Take another example: The positive pole may be placed over the median nerve at the inner border of the biceps, and the negative over the body of the flexor longus pollicis, while the patient is made to flex rhythmically the distal phalanx of his thumb; or, again, the positive pole may be placed in the axilla, and the negative over the musculo-spiral nerve as it turns forward alongside of the supinator longus, just above the bend of the elbow; and the patient is then made to supinate the hand or extend the fingers rhythmically."

Of course, this plan laid down by Dr. Poore is subject to variation, but the general scope of treatment by electricity which he suggests, should not be departed from. Dr. Erb, indeed, advises galvanization of the head, cervical sympathetic and cervical cord. This does not seem to me to be necessary, but there is no reason against its employment.

3. I approach the subject of massage in the treatment of these professional over-movements with considerable diffidence, because of the extravagant claims that have been made for it, as a curative agent in these diseases; yet I must say that the statistics which have been published, both in America (by Dr. Douglas Graham, in his Practical Treatise on Massage), and abroad by different observers who have employed the method of Wolff, are very strong in favor of its use. It is claimed that Wolff has cured at least 54 per

cent. of the cases of o ver-movement which have come under his care. His method is endorsed by many leading continental specialists, Charcot amongst others; and since his sojourn in England, so lately as January of this year, Dr. de Watteville has reported several cases which he submitted to Herr Wolff, and whose treatment resulted in a cure. Briefly, Wolff's method "rests exclusively upon active and passive gymnastics of the fore and upper arm, upon massage, percussion, and friction of the same parts, and after a time of elementary exercises in writing, prescribed and adapted to each case by holding the pen in a definite manner. These are gone through with two or three times daily for half an hour or so at a time."

I need hardly add that when massage is employed, and it should always be employed when the means of the patient will admit of it, it should always be entrusted to a skilled manipulator; no course of shampooing, rubbing, or other manipulation by the patient or the physician, can take the place of the operations of a trained masseur. It is therefore unnecessary for me here to enter into a description of the method of its administration; Dr. Graham has done this thoroughly in his treatise, to which I refer you.

When there is a depressed condition of the general nervous system, strychnia may be employed with advantage in these cases. I have also found the acid phosphates (after Dr. Pepper's formula—see "Tyson on Diseases of the Kidney") a very valuable tonic. Calisthenics, addressed to the development of the affected muscles, are also of some value.

Finally, the physician will often be called upon to suggest some means to aid in writing, those who by reason of the duration of their disease have defied all treatment, or who are unable, for pecuniary reasons, to quit their employment, even for a brief period. Many appliances have been invented for the support of the arm and the relief of the affected muscles, but, as you are no doubt aware, the lasting benefit derived from the employment of such apparatus is *nil*, as they only serve as a means of enabling the affected arm to be used for writing, and in nowise act as a curative agent. I exhibit to you, tonight, a few of these apparatus, through the courtesy of Mr. Spellerberg, who has loaned them to me for that purpose; and one or two, which I was not able to obtain, I have endeavored to figure in rough sketches.

The first apparatus which I show you is that of M. Velpeau. As you will see, this consists of an oblong ball made of wood or of hard rubber, to be grasped by the hand, keeping it in a proper position. To this are attached a couple of half rings for the index and middle fingers. A penholder passes through the neck of the ball at a convenient place near the extremity, which can be adjusted and made firm with a thumb-screw. The picture shows you the hand grasping the ball and in position for writing; whilst this, which is a slight modification of the Velpeau apparatus, devised by Mr. Spellerberg, gives you a general idea of its shape. These two apparatus which are here at hand, are also modifications of the Velpeau, the differences being trivial, and consisting simply in a modification of the position of the half-rings, or of the swivel which holds the pen. The disadvantage of all of these instruments lies in their weight.

This instrument, of which I have a drawing, is that devised by M. Mathieu. It consists of two rings for the index finger, and a half-ring properly distanced from the others, in which to rest the thumb. These are fixed to a spring-slide, into which a common pen-holder can be easily adjusted. This is a light and easily managed instrument, but, as you may see, it gives no rest to the pronators, which are often affected with the other groups of muscles used in writing.

M. Cazenave, of Burdeaux, has invented an instrument, which is figured in this drawing. It is, as you see, a hybrid between the two which I have shown you. It has the half-rings for the index and middle fingers and the thumb, like that of M. Velpeau, and the pen-holder is held in a spring-slide with a screw like that of M. Mathieu; but it differs from the former in that the pen is held between the thumb and forefinger, instead of passing between the fore and middle fingers, and from the latter in that the supporting rings are halved instead of being whole.

This instrument, which I show you, is the invention of von Nussbaum, of Munich, and is, perhaps, the simplest, and at the same time the most satisfactory, of any which I have yet exhibited. It consists of an oval band of hard rubber, through which the fingers pass, and which is held in position by the thumb. On the upper part of this band is fastened, by its base, a grooved right-angled triangle sloping towards the fingers. In this groove the penholder is held by a screw. Writing, with this appliance, is entirely from the wrist, there being no finger movements, and the hand must, therefore, be held in complete pronation. This, of necessity, prevents the instrument from being of any use where the disease has involved the pronator muscles.

Finally, I have here a little instrument, which was suggested to me by Mr. Gemrig, for one of my patients, who was in the first stage of the disease. It is, as you see, simply a solid rubber ball, perforated at about one-third of its circumference; through this perforation a penholder has been thrust. This apparatus was used by my patient alternately with her ordinary pen-holder, and she derived much comfort from its use. It should, however, be employed only in the first stage, and before over-movements have begun.

I must, in closing, however, re-iterate my statement that no amelioration in the symptoms can be expected to be accomplished by these instruments alone, and they are only to be employed in old cases where a cure can hardly be hoped for, or as adjuvants to the rest, electricity and massage course of treatment. In the latter case, indeed, I am inclined to believe that the patient is better without than with them.

Nitrite of Amyl an Eliminator of Uric Acid; Its Employment in the Treatment of Gout.

Dr. Archibald D. McDonald thus writes in the *Brit. Med. Jour.*, May 23:

I propose to support the title of this short paper by three distinct yet closely connected statements.

1. On September 13, 1882, I attended a case of what is usually called puerperal eclampsia. After the first hour, and during three and a half hours, I repeatedly gave nitrite of amyl by inhalation, in the usual way and dose. In the course of the following eighteen hours, one minim of nitro-glycerine, of 1 per cent. solution, was four times administered, and chloroform to a limited extent, as well as an operative procedure, also marked that period. Nine hours after the last dose of nitro-glycerine, that is about 31½ hours after the first inhalation of nitrite of amyl, I drew off the urine. After standing for nearly 48 hours, it was seen to have deposited, *inter alia*, crystals of uric acid.

Then, this fact somewhat puzzled me, but I was inclined, for reasons which need not be specified, deduced from the hypothesis of authorities on the subject of this eclampsia, to look upon this as an interesting clue to a rationale of the colchicum treatment of the disease. A notice of the observations of Signori Guiseppe and Sansoni, of Turin, however, has forced me to reconsider the point.

2. Accordingly, I instituted a check-experiment, the subject of which was a healthy adult, whose urine was previously normal. The experiment, except the non-administration of chloroform, corresponded, as far as possible, to the case just mentioned. Thus, from 10:45 a. m., till 2:50 p. m., seven inhalations of 5 minims each of nitrite of amyl were taken. The urine passed at 4 o'clock, an hour after food, was of a clear dark straw-color, very acid in reaction, and, on cooling, deposited a little mucus, and copious urates. One ounce without the urates, but *plus* a drachm of hydrochloric acid, showed, after forty-eight hours had elapsed, a large deposit of uric acid crystals. Also, as in the first case, nitro-glycerine was taken.

A similar quantity, passed seven hours after the last, almost free from visible urates, similarly treated, gave what may be relatively termed a very considerable deposit; and next day (36 hours after the first drug was first administered), from the sample, a considerable amount of the crystals was obtained.

I hope shortly to narrate an experiment with regard to the effect of nitro-glycerine *per se*.

Thus I was able to confirm the statement of the Italian observers named, and also to find that the balance of fact against theory compels me now to believe that the excretion of uric acid in the case of eclampsia was, at all events, largely due to the drug employed, and not wholly to the disease, and that no deduction could be drawn from the premises as to any connection between the gouty diathesis and puerperal eclampsia, or the consequent colchicum treatment of that affection. My inquiry into the symptom had no pretense to have been exhaustive; the case, however, is pretty clearly, though not yet quite logically, proven now.

3. A practical application of this property of the nitrite of amyl as an eliminator of the gout-poison immediately occurred to me, to which I at once gave effect.

H. G., of Tue Brook, a powerful, slightly ruddy man, aged 37, had suffered from gout, and now had an attack chiefly in the ankle-joint. For four days he had had an alkaline mixture with colchicum, and had obtained some relief, also, from local treatment. At 4 p. m., on April 17, his urine was clear straw-colored; on standing, it contained a very little mucus, no other deposit. One ounce, acidulated with a drachm of hydrochloric acid as before, and set aside for forty-eight hours, showed only a very few crystals of uric acid.

That statement enables a fair judgment to be formed of the state of matters previously to the use of the nitrite, during which the medicine and special local treatment were, of course, abandoned.

The first inhaled dose of four minims was given by myself at 4:2; a faint flush and sensation of fullness in the head resulted. At 6, 8, and 10 o'clock, the dose was repeated. Next morning at 9 he was much better, but had a slight headache, which soon passed off. His urine passed at that hour showed a very acid reaction, and, being treated as above, gave what I describe, in the absence of a quantitative analysis, as a considerable deposit of uric acid. On the 20th he was able to walk, the ankle-joint being very nearly well.

Remarks would be redundant. Further research is manifestly required. I will only say that all I claim is to have established a *prima facie* case for the administration of nitrite of amyl as a rational therapeutic agent in those cases of gout in which the usual contraindications do not prevent its use. And if we can by its means procure a more than normal discharge of uric acid when an attack threatens, we may find it prophylactic as well as curative.

Cocaine in Operations for Fistulous Canals.

Dr. J. G. Barford, thus writes in the *Lancet* June 6:

The following case is interesting from two points of view: (1) as indicating the risk a patient appears to run in moving from a healthy country district to town to have a surgical operation performed, however skilfully done; and (2) the great value of cocaine as a local anæsthetic, even when considerable flesh wounds have to be inflicted, in cases where it is undesirable to administer a general anæsthestic from some idiosyncrasy in the patient.

A country clergyman, whose home is situate in an open, bracing, and exceptionally healthy locality, 600 feet above the sea, was the subject of hemorrhoids, for which he was advised to place himself under the care of one of the best-known specialists for this affection. He went from the pure air of the country into a private surgical home for the purpose of having the hemorrhoids removed. No difficulty was experienced in the operation, and the inner surface of the rectum healed readily, and remains sound up to the present time. But a few days after the operation some untoward constitutional symptoms presented themselves. The temperature rose to 104°, and general febrile disturbance ensued. In a few days, pain, tenderness, and swelling displayed themselves along the perineum to the scrotum, and in due course a considerable accumulation of pus was apparent. A free incision was made, and with the discharge of pus the general symptoms improved. There was also another small accumulation of pus in the inner surface of the but-

tock, running up in the direction of the rectum. This, too, was freely opened. At the end of the fifth week from the operation, the patient was removed in one of Ridding's invalid carriages into the pure air of the country. His general symptoms had somewhat improved; but the discharge from the wounds was very sanious, and far from healthy-looking; he was not making the progress a patient should do under the circumstances. His condition was one of evident septic infection. Two sinuses remained at the points of suppuration, about the depth of half an ordinary surgical probe, and leading to what appeared to be soft and easily broken-down tissue, threatening to work their way towards the rectum, or it might be into the urethra. The patient's condition at this time did not justify further operative interference. At the end of two months from the operation two other sinuses were formed in the perineum between the anus and the scrotum. One of these healed spontaneously, as, indeed, a sinus occasionally does. Two of the other sinuses communicated with each other. At the end of three months from the removal of the hemorrhoids the patient's constitutional condition had sufficiently improved to justify further surgical interference, and it was decided to lay the sinuses freely open. The patient had, however, on previous occasions proved to be such a bad subject for general anæsthetics, that their administration was thought unjustifiable: I therefore decided to use cocaine to destroy the sensibility of the part. Some small plugs of cotton-wool were saturated with a 20 per cent. solution of cocaine, supplied by Mr. Martindale, of Cavendish street, and these were inserted into the sinuses, one plug in each, and allowed to remain for a quarter of an hour. They were then removed, and each sinus laid freely open with an ordinary bistoury and director. No pain whatever was felt by the patient in laying open two of the sinuses, the patient not knowing even when the incisions were being made. In laying the third sinus freely open a considerable portion of skin had to be cut through, and while the bistoury was passing through the skin the patient displayed some consciousness of it. The skin is evidently not so ready an absorbent of cocaine as either mucous membrane or an abraded surface. If I had again to use cocaine in an operation involving the skin, I should apply a little liquid blister to abrade the surface before the application of the cocaine. Exactly one drachm of the 20 per cent. solution was used. In operations with cocaine there is but little hemorrhage, thus it is not unlikely to become a valuable remedy to restrain bleeding.

Reviews and Book Notices.

BOOK NOTICES.

Poisons, their Effects and Detection. A Manual for the Use of Analytical Chemists and Experts, with an Introductory Essay on the Growth of Modern Toxicology. By Alexander W. Blyth, M. R. C. S., etc. Vol. I. Wm. Wood & Co., New York.

This work is an enlargement and revision of that portion of Mr. Blyth's work on chemistry which treats of poisons. As one of the English public analysts, he has had ample opportunities for the practical study of toxicology, and the pages of the treatise abound in original observation, as well as reveal a thorough acquaintance with the literature of the subject. An interesting chapter is that on the "ptomaines," the cadaveric alkaloids of a poisonous character which have of late attracted so much attention with reference to the consumption of canned meats.

The volume constitutes one of Wood's series of "Standard Medical Authors," and is neatly printed.

A Text-Book of Physiology. By M. Foster, M. A., etc. Third American from the Fourth English Edition, with Notes and Additions by Edward T. Reichert, M. D., with 271 illustrations. 8vo. Philadelphia: Lea Bros. & Co.

The popularity which this physiological text-book has met, is well deserved by its convenient size, and the care with which each recurrent edition is conscientiously revised, both by the English author and the American editor. Although since the appearance of the former edition no striking discovery in human physiology has been chronicled, there is a constant advance in all its departments, and these the author and editor have been on the alert to note and incorporate in the work.

The cuts are numerous and well finished, and the manufacture of the book is of the most satisfactory character.

Second Report of the State Board of Health of the State of Tennessee. Nashville, 1885.

This well-prepared volume of 600 pages bears strong testimony to the energy and efficiency of the Tennessee State Board of Health. It shows that the Board is fully aware of the gravity of the interests which are committed to its charge. Thus we find among the articles composing the volume a careful article on School Hygiene, by Dr. D. F. Wright, and one on Physical Training in the Ladies' (why ladies'? why not woman's?) Department of the State Normal College, by the director, Mary E. W. Jones. Dr. J. D. Plunket speaks of bovine tuberculosis as a frequent cause of disease in man, and in another article gives directions for instituting ozone observations in the State. Quarantine is discussed by Dr. G. B. Thornton, and abattoirs by the same. The medical topography of East Tennessee is described by Dr. S. B. Boyd, and a report on the vital statistics of the State is furnished by Dr. Plunket. There is a report from the committee on prisons, and a general review of the field by the Secretary, Dr. J. Berrien Lindsley.

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POSSIBLE MISTAKES.

It is a well-known fact that, especially in children, pneumonia is apt to simulate meningitis. There scarcely is a text-book on the practice of medicine that does not make mention of this observation. But few cases, however, have been put on record to illustrate the possibility of such an error. For this reason the following case is very instructive, that Dr. Cadet de Gassicourt publishes in the *Revue Mens. des Malad. de l'Enfance*, January, 1885:

A boy, aged five, is suddenly attacked with vomiting and convulsions. The latter do not recur, but the former continue to the next day. Besides, a general lassitude is noted, headache, grinding of the teeth, and constipation make their appearance, and twenty-four hours later, somnolence, with gradual transition into coma, sets in. In this condition, the boy arrives at the hospital. There, besides the data already mentioned, divergent strabismus, and a mild degree of rigidity of the muscles of the neck, are plainly noticed. In consequence of these facts, and on account of the complete absence of any other indications, the diagnosis of meningitis is made, although the pulse was regular, not even slower (120 beats per minute), the abdomen not retracted, and no alteration of the pupillary reaction present. The first symptom causing the suspicion of a pulmonary malady was very plain flapping of the alæ nasi, accompanied by a frequency of respiration amounting to forty per minute. The third day after his admission to the hospital there appeared a gradually-increasing dullness on percussion at the angle of the left scapula, having first an extension of three cm., and on auscultation, the crepitant rale was plainly to be perceived. The first diagnosis was, therefore, dropped, and instead, that of acute lobar pneumonia recorded. This diagnosis seemed, also, to be confirmed during the next few days by a gradual increase—of degree as well as of extension—of the physical phenomena, until the eighth day, the whole part on the left side, anteriorly and posteriorly, gave a flat sound on percussion; only be-

low the clavicle in front of the chest, as well as at the back, a clear sound could be elicited.

Less the local state of affairs than the general condition of the little patient soon produced, however, in G., the suspicion that the boy did not suffer from croupous pneumonia, but from that rare form of broncho-pneumonia to which G. has given the name of subacute pseudo-lobar broncho-pneumonia; and it was especially the continuous lassitude which induced G. to this other change in his opinion.

The tenth day the same physical signs as had been observed on the left side also made their appearance on the right, only not being quite so extensive there; and this fact served to confirm G. in his diagnosis. By increasing asphyxia, death set in two days later.

The post-mortem examination showed a double-sided pleuritic effusion, besides pseudo-lobar left-sided broncho-pneumonia of the lower lobe, and disseminated pneumonia of the left upper lobe. and of the same lobe of the right lung.

Besides the interesting diagnostic data, the case also contributes to medical literature one more proof of the infectious character of all these kinds of pneumonia.

KRAO.

Now that the hairy little girl has made the tour of the country, and excited the usual amount of wonder in the breasts of the people and a corresponding amount of influx of profit to the showmen, it is fair to remove the cloud of mystery with which she was surrounded by her proprietors.

The story was told that she belonged to a hairy race dwelling in the interior of Borneo, and that she was, both in appearance and anatomical conformation, a fair representative of the long-sought-or "missing link." Her "keeper," as we may call the gentleman who accompanies her, took good care not to contradict this story. He went a good deal farther. On inquiry by ourselves, he stated it to be true of his own personal knowledge. He showed what he alleged were photographs of her father and mother, represented as equally hairy people, and asserting that he had learned their language, promised to send us a vocabulary of it—a promise which it is needless to say he found convenient to forget. He even showed her to various physicians, and induced the editor of one of the Philadelphia medical journals to write a long editorial description of her, well calculated for quotation and for keeping up the nine days' wonder.

The simple truth of the history of Krao is that she is merely one of those anomalies which occur in different quarters of the globe, and is not at all an example of the "missing link," or anything of the kind. She was born at Bangkok in Siam, of parents both of whom are still living, and both of whom are of the ordinary Siamese type. In her physical structure she has nothing whatever pithecoid or ape-like about her, although she has been taught to hold objects in her mouth as an ape does in his cheek pouches, and in other respects her exhibitors have tried to make the resemblance to the lower primates as marked as possible. The flexibility of the joints which she possesses is indeed curious, but as the comparative anatomist knows, this is not at all a characteristic of the members of apes. Her mental powers are fully up to the average of girls of her age, and indeed she seemed to us rather precocious, as one might expect from her public and roving life.

Such are the facts about Krao, and while she is an interesting specimen of a human "sport," to use a horticultural expression, she has no ethnological importance whatever. It is a pity that there must always be so much humbug and lying about the exhibition of natural curiosities. They should be more interesting when the precise truth about them is known.

DR. FERRAN'S INOCULATIONS.

The majority of the medical press seem as ready to reject Dr. Ferran's cholera inoculations as a boon to humanity as they were to accept Dr. Koch's comma-bacillus theory of cholera. Let us make haste slowly.

Dr. Ferran has refused to let into his secrets the

German and the Frenchman who went down into Spain to investigate his inoculations, and they forthwith rush home and denounce him as a fraud.

But hold up; Pasteur, the greatest of them all, still champions Ferran—and while his great voice is raised in his favor, and while Koch keeps silence, let the smaller fry hold their braying tongues.

We do not mean to champion Ferran, because we do not know anything about his processes further than what we read in the press; but we merely say, wait until we hear from Pasteur and Koch. All those who have gone to Spain say that the statistics are in Ferran's favor; but then, they maliciously add that the statistics are unreliable.

The secrecy with which he shrouds his processes his opponents make much of; but this he explains by saying that he is a candidate for the Breant prize, of the value of $20,000, for the best cure of cholera, and that he cannot, therefore, divulge his secrets until the decision of the Prize Commission is known. He has sent some material for inoculation to Pasteur for experiments.

Again, we say, we do not mean to champion Ferran, but we do say that after reading all that the foreign journals say on the subject, we cannot see that his claim is disproven, and we therefore say, let us *wait* and see whether Ferran is destined to become a second Jenner or not.

Notes and Comments.

Erysipelas in Paris.

A debate upon erysipelas has been occupying several sittings of the Paris Academy of Medicine, and at a recent meeting M. Verneuil summed up the conclusions arrived at: "In Paris, a few years ago, erysipelas was very common and very fatal, especially in surgical practice. The antiseptic treatment of wounds has considerably diminished it in frequency and gravity, without, however, succeeding in causing its complete disappearance; the erysipelatous endemic remains, ever ready to reproduce its epidemics, brief and restricted no doubt, but still involving a certain number of victims. It occurs in two distinct foci, the hospital and the town, which reciprocally infect each other. Antisepsis, powerful and efficacious in the nosocomial area, is almost impossible to be applied as a prophylactic measure in the urban area, that is and will long be contaminated so that, after having by every precaution purified a hospital or ward, a single case imported from the town suffices to again introduce the poison. It would be easy to prove that every year in our hospitals a certain number of patients attacked with other affections, sometimes trivial, succumb from the contagion of cases of erysipelas admitted from outside. In spite of the immense value of antisepsis, it is not applicable to all cases, and cannot prevent the introduction, dissemination, and multiplication of heterocthonous erysipelatous germs. Nor can it prevent these germs, cultivated and multiplied in hospitals, being subsequently reproduced in the town. In order to prevent re-infection of insanitary places and the dispersion of germs, to destroy the evil at its root, there is only one serious plan, viz., the isolation of cases developed within the hospital or introduced from the town. The establishment of isolation wards for the erysipelatous is a necessary measure, strenuously demanded both by science and humanity. Consequently, tne Academy of Medicine demands of the authorities the immediate formation of such institutions." After some discussion, MM. Verneuil and Trélat were authorized to bring up a further report to the next meeting of the Academy.

Puerperal Convulsions without Albuminuria.

Dr. N. Vuccino, of Rodosta, writing in the Constantinople *Gazette Médicale d' Orient*, gives the case of a lady usually enjoying excellent health, except for occasional hysterical attacks, who in the fourth month of her first pregnancy was seized with a severe frontal hemicrania of quotidian type. At the end of the sixth month she was awakened one night with intense pain in the head, followed by a slight convulsion affecting the upper extremities. In the morning the writer found her suffering from general convulsions, consciousness being lost, and a bloody froth issuing from the mouth; the pulse was small and hard; but the urine was then, and continued to be, perfectly normal. Various methods of treatment having proved fruitless, it was decided to bring on the labor; which was done by injecting hot water (32°). After this had been continued for three hours and a half, the os uteri became fully dilated, and a dead child was shortly

afterwards expelled. The convulsions ceased as if by magic, and in twelve days she was able to resume her household occupations. She afterwards enjoyed good health till the eighth month of her second pregnancy, when convulsions reappeared with greater intensity than before. Chloral and chloroform proving inefficacious, the continual hot vaginal douche was again employed. In consequence of the irregularity of the contractions of the uterus, forceps were required. The convulsions ceased five hours after delivery, and in seventeen days she was again in her normal condition. She subsequently became pregnant for the third time, and during the second month suffered from some premonitory convulsive symptoms, which were increased by vaginal examination; these came to an end on the patient aborting. The author considers the case interesting, as showing how convulsions, due, as he believes, to a highly nervous condition of the uterus, may simulate those connected with renal and urinary mischief.

Cocaine in the Avulsion of Ingrowing Toe-nail.

Dr. F. Peyre Porcher thus writes in the *Med. News*, July 11:

A lady came to me after undergoing very great suffering all winter from the ingrowing of both toe-nails. She had been incapacitated for taking exercise; there was loss of sleep, and her health was being undermined.

As it was a condition precedent that there was to be *no pain*, chloroform was promised if required, and I proceeded as follows:

A four per cent solution of hydrochlorate of cocaine was instilled, drop by drop, from the point of a hypodermatic needle upon the slightly raw surfaces in the furrows on each side of the ingrowing nail of the big toe. A rag, wet with the same, was kept pressed against the upper surface of the toe, and three injections of this strength were made hypodermatically in the flesh at the base of the nail, just above the matrix. The tissues here being thin, and not very cellular in structure, probably ten to fifteen drops may have been received and absorbed.

After the lapse of fifteen minutes, the narrow blade of a fine-pointed pair of scissors was passed under the nail, which was divided to the matrix, when the two portions of nail were forcibly extracted with strong forceps, and any shreds of nail remaining at the roots were cleared out.

Having remarked that the operation was finished, the lady, who had not winced, expressed great surprise. After three days she was well enough, wearing a light slipper, to visit friends some miles in the country, and three days later returned to her home in one of the upper counties.

I had witnessed a similar operation performed by a gentleman in this city, which was successful.

A Singular Case.

Such cases are sufficiently rare to warrant the reproduction of the case which Dr. Samuel West records in the *London Med. Times*, July 11:

James C. was brought into the hospital unconscious and paralyzed, and died two hours later. He had been seen to fall suddenly in the street. The pupils were equal, but minutely contracted.

It transpired that he had had an injury to the head two years before, and since then had had pains in the head, for which he had been two months in the Doncaster Infirmary. On post-mortem examination, the convolutions of the brain were found flattened on both sides. The vessels at the base were very atheromatous. The pons and upper part of the medulla were covered with blood; this extended under the pia mater, over the upper part of the cerebellum, corpus callosum, and crown, all of which parts were softer than natural, but otherwise normal; the ventricles contained a little clear serous fluid. In the middle of the pons on the right side the tissue was discolored, and a long transverse slit was found infiltrated with blood, from which hemorrhage proceeded. The right side of the cerebellum was remarkably soft, and on section, a cavity was found, containing recently extravasated blood, from which the finger could be passed into the cavity corresponding with the slit described. This was not the source of the hemorrhage, but a laceration produced by the blood as it passed from the pons. The aorta was slightly atheromatous, the left ventricle slightly hypertrophied, but the valves healthy. The kidneys were large (right = 6½ ozs., left = 5½ ozs.), and the liver firm, weighing 3½ lbs.

A Cuban Cure for Neuralgia.

The *Lancet* tells us that Dr. Antonio L. Esperon reports in the *Crónica Medico-Quirúrgica* of Habana, Cuba, two cases of neuralgia treated with parthenin, a drug extracted from a plant known in Cuba as "bitter broom" (Escoba amarga). The first was a married woman, aged twenty three, who, after an abortion, became subject to severe pain at the menstrual periods affecting the iliac fossæ. In one of these attacks, when the author attended her, he found morphia,

chloral, and bromide of potassium useless, but that relief was afforded by quinine. In a subsequent attack, when there were rigors, headache, pyrexia, and furred tongue, ovarian neuralgia was diagnosed. A subcutaneous injection of morphia was given, and afterwards one-sixth of a gramme of parthenin every two hours was ordered. At the next visit it was found that after an hour the effects of the morphia began to pass off, and the pain had returned. The medicine had not been administered. After three doses of the parthenin the pain disappeared, and did not return. The second case was that of a colored woman with severe coccydynia. Morphia only relieved this temporarily, but after a few doses of one sixth of a gramme of parthenin in pills the pain permanently left her. The writer has also employed parthenin in many cases of facial neuralgia with great success. He believes that it is especially indicated in neuralgias of malarial origin.

Terpine and Terpinol.

The Paris correspondent of an English exchange tells us that at a recent meeting of the Société de Thérapeutique, Dr. Dujardin-Beaumetz recalled the fact that in treating turpentine with an alkaline carbonate, a substance is obtained to which the name of "terpine" has been given. This substance has been experimented with by Dr. Lépine, of Lyons, who ascertained that it is endowed with very marked diuretic properties, and that it modifies the bronchial secretion in old catarrhal affections. Dr. Dujardin-Beaumetz has since experimented with a derivative of terpine, namely, terpinol, which is made by reacting on the former with sulphuric acid. Terpinol is described as being an oily substance, having an odor of jasmine, and being but little soluble in water. Dr. Dujardin-Beaumetz prescribes it in the form of pills as follows: Terpinol, benzoate of soda, of each sixteen grains; powdered sugar, q. s.; to be divided into ten pills, of which as many as ten can be administered daily. Terpinol is eliminated almost exclusively by the air-passages, and gives to the breath a strong odor of jasmine. It exercises its action principally on the bronchial secretions, which it rapidly fluidifies.

Diaphoretic Treatment of Nephritis.

N. Hess (*Vratch*) having made a number of observations on the treatment of nephritic patients by wet packs, hot baths supplemented by wrapping in blankets, and hot-air baths, draws the following conclusions:

1. The least rise of temperature occurs with packs, the greatest with hot-baths.

2. While the temperature is found to sink still still further twenty minutes after the pack, it remains at the same height for an hour after both the other methods of treatment.

3. After water baths the temperature regains its original height more slowly than after air baths.

4. During the pack the pulse becomes slower; during hot water and air baths, on the contrary, it is quickened for an hour afterwards.

5. Under the influence of the pack, respiration is moderately quickened; during both water and air baths it is still more quickened, but subsequently returns to its normal rate more rapidly than after the pack.

6. The most powerful sudorific effects are produced by hot baths, the least powerful by packing.

7. Though the baths are more stimulating, packing soothes the action of the nervous system, brings the patients on better, and produces a subjective feeling of improvement afterwards.

Sterility Occasioned by the Vaginal Secretion.

Dr. Jung, of Vienna (*Wien. Med. Presse*, xxiv., p. 1132), reported the case of a woman æt. 32, otherwise quite healthy, who, during fourteen years the wife of an officer, had remained barren. Menstruation always regular. She had been treated by gynecologists for her sterility by incision of the os uteri, and cauterization of the cervical canal, without success. Examination showed the cervical canal to be open, also no dilatation of the urethra. On a microscopic examination of the spermatozoids three or four hours after cohabitation, they were found to have no movement. On further examination, it was found that the movement was not lost at the time of the ejaculation, but occurred only after the action of the vaginal secretion had commenced. Hip-baths with astringent injections were ordered. After three months the woman found herself pregnant, and after a normal pregnancy gave birth to a healthy boy.

Indurated Chancre of the Eyelid.

Dr. Moty (*Gaz. des Hopitaux*, 128), a soldier, was received into the hospital with a double-sided conjunctivitis. The internal angle of the upper eyelid was swollen. Suitable treatment, cold applications and weak solutions of argenti nitratis, decreased the general tenderness, and the sero-purulent exudation became less. In the mean-

time the place on the lid became harder, and an ulcer formed in the connective tissue in the neighborhood of the tear-ducts. This was accompanied by a heavy penetrating pain and light fever. After two or three weeks a swelling formed under the skin in the left temporal region. This was round and flat, hard, painful on pressure, and about the size of a hazelnut. This appeared to be grown fast to the periosteum of the skull. As there was no doubt left as to the diagnosis, the patient was placed under the influence of mercury, then of iodide. The recovery took place after about nine weeks. Concerning the manner of infection nothing is said.

Fistulous Communications Between the Intestines and the Female Genital Tract.

Since the application of plastic surgery to gynecological operations, the treatment of vesico-vaginal fistulæ is as well understood as are the etiology and symptomatology. The result, though, when contrasted with the old tedious plan of canterization, is brilliant no less to the operator than to the unfortunate woman whose life is rendered miserable by such conditions.

Dr. H. D. Fry, of Washington, in *The American Journal of the Medical Sciences* for April, directs attention to less frequent forms of fistulæ that communicate with the genital canal, and records a very obscure and interesting case of intestino-vaginal fistula, which terminated favorably without surgical interference.

The Use of Cocaine During the Removal of a Needle from the Foot.

Dr. Samuel Nall publishes the following case in the *Brit. Med. Jour.*, June 27:

A little girl happened to run a needle into the fore part of her heel; the point broke off and lay embedded. By passing the blunt end of another needle along the track left by the broken one, the latter could be felt about a quarter of an inch from the surface. The pain, however, caused by the process of probing was so acute that he determined to try the effect of cocaine during extraction. He painted the surface near the puncture with a four per cent. solution of the hydrochlorate, and allowed some to trickle into the wound; altogether, about eight or ten drops were used. In about half an hour's time, the part was so deadened that I was able to dilate the wound by means of a fine probe and forceps, and to extract the broken needle, without causing the slightest pain.

Treatment of Whooping-Cough.

Dr. W. Graeffner, of Breslau, has obtained remarkably good results in whooping-cough from cocaine, which he used in the form of the steam-atomizer, or of inhalations, or of the common cold atomizer. The solution employed by him is the following:

℞.	Cocain. muriat.,	gr. i–gr. iss.
	Aquæ destillat.,	f. ℥iss.
	Pot. chlorat.,	gr. ix.
	Aq. amygdal. amar.,	♏x.

M. S.—Externally.

The applications were made twice daily, and rapidly brought about a cure. It proved also beneficial in cases of hysterical cough.

CORRESPONDENCE.

Strychnia in Malarial Fevers.

EDS. MED. AND SURG. REPORTER:—

Never having seen an account of the use of strychnia in malarial fevers, I thought I would give my experience with it. Having tried quinine in heroic doses, and so often having a return of the disease, I concluded to experiment, and at last combined quinine and strychnia. This resulted admirably, and I continued to reduce the amount of quinine, until now I give no quinine at all in "chills and fever." I invariably give ℞. Liq. strychnos, ♏x., before each meal; and I have yet the first chill to see after the commencement of the remedy.

W. W. REYNOLDS, M. D.

Proctorville, Ohio.

NEWS AND MISCELLANY.

Notes of a Visit to Some of the Lying-in Hospitals in the North of Europe, and particularly on the Advantages of the Antiseptic System in Obstetric Practice.

These notes were read by Dr. Priestley, before the Obstetrical Society of London, July 1. The hospitals visited were those at Copenhagen, Helsingfors, and St. Petersburg. At Copenhagen, the new system began in 1870. In the Maternity Hospital, in the fifteen years from 1850 to 1864, the mortality was one in 24; between 1822 and 1843, it had been one in 19—that is, only slightly lower than the mortality in the Nightingale Charity of King's College Hospital, which compelled the author to close the ward. From 1865 to 1874, the mortality from puerperal fever was one in 51; from 1870 to 1874, it was one in 87, the improvement coinciding with increasing strictness in antiseptic precautions. The hospital was constructed in the most elaborate and expensive way to secure hygienic perfection, including ventilation, isolation of each part of the building (if desirable), and even a separate room for each patient. Moreover, the rooms were only used alternately, which was equivalent to halving the number of beds. The attendants were under strict rules of periodical purification, and were not allowed to pass di-

rectly from the convalescent to the lying-in wards. If a patient had been ill, the nurse was fumigated with sulphurous acid gas by an elaborate process. The same was used for disinfection of the rooms. The personal precautions included careful antiseptic hand-washing, soaking of catheters, etc. No sponges were used. The vagina was injected twice a day with carbolic acid lotion. The beds were of canvas, filled with chopped straw, which was destroyed after use. Each bed had its own basins, syringes, catheters, etc. The placentæ and dressings were burnt. On suspicion of infection, the patient was carefully isolated. The medical officers were not allowed to attend necropsies. The director lived in the hospital, of which he was absolute master. As in other hospitals, there was an undue proportion of difficult cases and of primiparæ, and the primiparæ had a large share in the mortality. The midwives of Denmark were compelled to use antiseptic precautions, and this had sensibly reduced the mortality. At Helsingfors, the hospital was arranged on the pavilion system, one block being devoted to diseases of women, including wards for operations and rooms for out-patients. The wards for lying-in cases contained about 42 beds; the beds were in the middle of the rooms. The mattresses were sacks of fresh rye-straw for the non-paying patients, and with horsehair or bark of the lime-tree for paying patients, all being cleaned, baked, and remade for each new patient. Some patients lay on the bare boards of the bottom of the bed, as was usual in Finland. Antiseptics were not as minutely carried out here. Midwives and nurses were made to wash their hands and arms with soap, and afterwards to rub them with hypochlorite of lime, before examinations. Abnormal cases were isolated. The medical officers were forbidden to attend necropsies, or to touch infectious wounds, without taking antiseptic precautions afterwards. Catheters were carbolized, and the wards periodically closed and cleaned. After labor, a single injection of carbolic acid was given, and often when specially indicated. The linen was simply washed; the blankets were fumigated by burning sulphur. Professor Pippingsköld trusted largely to the excellent hygiene of the hospital (built on a rock high above town), and to the clean habits of the people; but the external genitals were always washed before delivery, otherwise the object was to guard against external morbific influences, more minute care being thought unnecessary under the circumstances. Before the new maternity was opened in 1879, the total mortality averaged 1.83 per cent. From 1872 to 1884, the total mortality was one per cent. In the Grand Duchess Catharine Maternity Hospital, in St. Petersburg, there were arrangements for isolating the various parts. Scrupulous cleanliness, the disinfection of rooms, concrete floors draining into a central gully, and the careful use of antiseptics, were included in the system. In the last three years there had only been one death from puerperal fever, though six had occurred from other causes.

Dr. Matthews Duncan said that the subject of antiseptics in midwifery was the greatest in the whole obstetric department, but it got very little attention. The subject was greater than the prevention of epidemics, which came occasionally, while puerperal deaths were constantly occurring amongst the most valuable members of the community. The value of antiseptics in midwifery had only lately been estimated, because it was only lately that the profession had agreed as to the mortality of childbed. Some men had their thousands of cases without a death, and while he did not doubt their veracity, he did not accept their statements. No man could claim immunity from deformed pelves, placenta prævia, puerperal convulsions, phlegmasia dolens, puerperal inflammation, puerperal scarlatina, puerperal septicæmia, or puerperal insanity. Farr began by ridiculing the demonstrated puerperal mortality, but he eventually nearly accepted the received view—that about one in 120 died in childbed, or within a few weeks after delivery. In the history of the subject, all measures had failed to reduce mortality till antiseptics were introduced. Abroad, the great mass of women were attended by midwives, who were compelled by law to use antiseptics. In Great Britain most were attended by medical men, very few of whom used antiseptics. He hoped they would be universally adopted.

Dr. John Williams said that while it was not possible to abolish by antiseptics the effects of pregnancy and labor, the abolition of deaths from puerperal fever might be hoped for. The mortality of the St. Petersburg Hospital (one death from puerperal fever in three years) was a near approach to this. The results at Copenhagen and Helsingfors were little better than those in the Rotunda of Dublin before antiseptics were used. In seven years of office, Dr. Collins admitted about 16,000 women, and had two epidemics of puerperal fever, in which about 80 died, and the total mortality was one per cent. Dr. Macon, the present master, admitted, during his first year of office, 1,090, and of these six died, two at least from other causes than septicæmia. This excellent result had been obtained by careful antiseptic precautions. Dr. McClintock calculated that a quarter of the deaths in childbed were not due to childbed. Taking the deaths in childbed at one per cent., the lowest mortality in childbed after the destruction of puerperal fever would be a quarter per cent., or 2.2 per 1,000; and the object should be to reduce the mortality to this level; this, he believed, might be attained by antiseptics. This was the object of Dr. Champneys and himself at the General Lying-in Hospital, but the object had not been attained. During the first four years there were 7 deaths in 1,174, or a little more than 0.5 per cent. During the first 12 or 18 months carbolic acid was used; during a second similar period, permanganate of potash; and, since May, 1884, corrosive sublimate. During the first two periods, there was a good deal of illness, though the mortality was low; since the use of corrosive sublimate was begun, there had been no deaths from puerperal fever, and almost an entire absence of morbility. The mortality mentioned was the total mortality for all cases which were not well at the time of their discharge from the hospital, and were admitted into St. George's Hospital, under Dr. Champneys, or into University College Hospital, under Dr. Williams; and the result was incorporated with the statistics of the General Lying-in Hospital.

Dr. Champneys said that the total mortality

from all causes in the General Lying-in Hospital in the last four years and a half, since Dr. Williams and he had had charge of it, was nine in 1,360, one in 151, or 0.66 per cent. The last two deaths were from phthisis, with which the patients were practically moribund on admission. These results were decidebly good at the present time, though it was hoped to improve them in the future. The greatest care was taken to follow up the cases; on discharge, each patient was furnished with a post-card directed to the hospital, on which she was requested to write her state and that of the infant about a month after her discharge, or six weeks from her confinement. No statistics of lying-in hospitals were trustworthy which did not give the total mortality from all causes, and which did not state that no patient was transferred to another hospital, or that, if transferred, her progress was ascertained. The statement that no deaths occurred from puerperal fever was worthless in the absence of the whole mortality; and, indeed, all cases dying after childbirth were presumably, or in the absence of distinct proof to the contrary, cases of puerperal fever, and such cases often gave unmistakable, though unexpected, evidence of septic processes after death. Thus the statement that, in the St. Petersburg Hospital, there had only been one death from puerperal fever in three years, while there had been six deaths from other causes, did not carry conviction. That was certainly a most unusual proportion. What were the causes of the other six deaths? The triumphs of antiseptics had been greatest in the most filthy localities; where cleanliness and general hygiene had been attended to, the benefit, though undoubted, was less striking. Antiseptic teaching should be as clear and as definite as possible; if details were unnecessarily multiplied, nurses, and even practitioners, were liable to confuse the essentials with non-essentials, and even to throw the whole thing overboard. He found no difficulty in carrying out the same details in private as in hospital practice. The all-important thing was scrupulous antiseptic cleanliness of the hands. On this he insisted, on the part of nurses as well as on his own; and inspection of the nails and skin of the hands of nurses was important on this account.

Dr. West thought that the teachers of midwifery, or, better still, the Obstetrical Society, should pronounce definitely as to what was essential in antiseptic treatment. In Vienna, frequent vaginal washing and the introduction of iodoform into the uterine cavity, formed part of the system. Women would, he thought, be apt to dislike this interference, and it would also suggest to them the great danger which there must be to necessitate it.

Dr. Playfair was sure that, in private, not one man in a hundred used antiseptics in any thorough way. There were not the difficulties which Dr. West had imagined, and, in his own practice, antiseptics were as rigidly enforced as possible. Absolute surgical asepticism was, of course, impossible. He now supplied his nurses with antiseptic rules printed on a card, the chief rules being that the nurse should never touch the neighborhood of the genitals without careful antiseptic washing of the hands. The same precaution was taken with regard to all sponges, catheters, etc. Corrosive sublimate was preferred to carbolic acid. These rules were even more important for nurses and midwives, who often touched the genitals, than for medical men, who, as a rule, only did so during labor. Nurses were apt to be careless of details and of cleanliness, and the result was visited on the medical man. He hoped that antiseptics would soon be the routine practice, and he was sure the result would be most satisfactory.

Dr. Gibbons remarked on the common practice of pouring a few drops of antiseptic solution into an unmeasured quantity of water, which was useless. He asked Sir Joseph Lister what strength of carbolized vaseline should be used.

Dr. Murphy (Sunderland) regretted that the discussion had not included the details of the antiseptic treatment recommended. He asked the opinion of the Society as to the justifiability of attending a case of labor shortly after having examined a case of puerperal fever in consultation. The text-books said that practice must be given up for several months. Dr. Murphy thought that change of clothes and a warm carbolic bath, one in 100 for half an hour, gave sufficient security.

Dr. Braxton Hicks agreed with Dr. Matthews Duncan as to the value of antiseptics in midwifery, but not as to his estimate of puerperal mortality. He had, in ten years of early practice, 800 to 1,000 cases, and only one death, which was from puerperal fever. Morbility was as important as mortality. He referred to the injurious effects of human lochia inoculated into rabbits, as showing their poisonous character. The antiseptic vaseline or oil was of little importance compared with antiseptic cleanliness of the hands.

Dr. Harvey said that, in Calcutta, for many years, carbolized oil had been used for vaginal examinations, and that vaginal injections of carbolic acid or corrosive sublimate were used if any fœtor was noticed in the discharges. When there was pyrexia besides, the uterus was washed out. Good had resulted, but the mortality in Calcutta would always be high, as patients were often admitted after many hours of labor, and after the the establishment of septicæmia.

Dr. Priestley, in reply, congratulated Dr. Williams and Dr. Champneys on the results obtained by them, and said that he was informed by Dr. Grigg that, of 1,100 deliveries in Queen Charlotte's Hospital, between February 14, 1884, and July 1, 1885, there had only been one death, and that was from puerperal convulsions. He agreed with Dr. West as to the desirability of defining what amount of antiseptics were necessary, and he doubted if autogenetic infection existed. Antiseptic cleanliness of all things touching the genitals was all-important, but vaginal injections had better be retained meanwhile.

Manslaughter by a Midwife.

The necessity for warning the public against entrusting their lives to ignorant midwives was never better demonstrated than in the following occurrence which which we find recorded in the *Lancet*, July 11, 1885. It seems that a midwife, reported as reading and writing imperfectly, was lately charged with manslaughter. The prisoner was called in to attend a patient early in the morning of June 16. She had already attended her in one of her three previous confinements.

Finding a cross-birth, she pulled on the arm, and about two p. m. pulled it off, wrapped it in a cloth, and gave it to a little girl to put in a box. About 4:15 the husband came in, and asked the midwife if he should send for the doctor. She replied, "There was no need; it would have its time." Later, she seems to have told the little girl to get any doctor she could. About six p. m. the husband returned, and fetched a doctor, who found a broken bone protruding and the child undelivered. In reply to his question to the nurse as to what she had been doing, she said, "Oh, nothing; the arm came down in the afternoon." About nine p. m., a neighbor found the midwife administering brandy and water to the corpse. A post-mortem examination revealed the uterus ruptured. The doctor gave it as his opinion that the rupture was due to the violence used in tearing off the arm. After a strong appeal by the counsel for the defense, the jury found the prisoner guilty, and the judge sentenced her to a month's imprisonment without hard labor. The case is a most pitiful one, and on reading it (says the *Lancet*), feelings of indignation, depression, and almost despair, follow each other in rapid succession. For such ignorance, what is to be said? For the refusal to call in help, what punishment is sufficient? But for such a termination to a long life, spent, for all we know, respectably, soberly, and honestly, . . . ! Does not the blood of such people as this poor man's wife lie on the heads of those who neglect the great question of the education and registration of midwives? Is each successive government to be allowed to be content with the excuse furnished by the urgency of some measure required by the interests of a party? Are the lives of the poor matters of such utter indifference to politicians? A distinguished French teacher was in the habit of impressing on his class the danger of pulling on the arm in a shoulder presentation by relating a case in which a medical man had done so and had torn the arm off, the child being born alive and surviving. When he grew up, he brought an action against the doctor, and got 4,000 francs damages. "Never shake hands with a fœtus," said the teacher; "remember that that hand, so small, so silent, cries to you in a voice of thunder: '*Je vous demande quatre mille francs d'amende!*'"

Drugs Deficient in Strength.

Drs. Henry Leffman and Chas. M. Cresson have been purchasing various drugs from different stores in this city, and subjecting them to examination, with the view of testing their efficiency and strength. From a preliminary report made to the health officer, we learn that a variety of drugs sold in this city are deficient in strength. An analysis of samples of laudanum showed that it possessed only half the strength laid down as the standard in the United States Pharmacopœia.

Samples of tincture of iodine were found to contain only two per cent. of iodine, though the tincture should contain eight per cent. The proportion of iodine in other samples varied from two per cent. up to the regular standard. The standard quantity of mercury in mercurial ointment is fifty per cent., but in samples analyzed the percentage of mercury was as low as thirty.

Several samples of articles sold as disinfectants were analyzed, and some of them were found to be of little or no value for the purpose they were sold for. Samples of what was represented to be crude carbolic acid contained only about ten per cent. of that acid. Professor Leffman remarks, however, that "crude carbolic acid" is a very indefinite term, and there is no rule laid down as to the amount of the acid it shall contain, but people would expect to get at least fifty per cent. Some of the samples consisted of tar oils, containing slight quantities of carbolic acid, but they would be of no value as disinfectants.

Chlorine combinations sold as disinfectants were also found to be very deficient, some of the samples containing only one-half of one per cent. of chlorine, or but one fourth of what they should have contained.

Professor Leffman says that a sufficient number of samples has not been analyzed to warrant definite statements concerning the extent of the manufacture and sale of adulterated or defectively manufactured drugs. He would not apply the term "adulterated" to the drugs analyzed, but would call them defectively manufactured drugs. He says that it is probable that some of the samples which he and Dr. Cresson found to be below the present standard of the pharmacopœia probably reach or approach the standards of old editions of that work.

Dr. Leffman says that investigations in other cities have shown very extensive adul eration of drugs.

The Relations of the Catholic Surgeon to Craniotomy.

The *Detroit Lancet* (July, 1885,) says editorially:

"It is said that the Archbishop of Lyons, France, got the idea that the professors of his city were teaching and practicing some things which the church should not allow, especially in the matter of craniotomy. He argued that as life was ro be taken, the church must decide in the matter, tather than the doctors. Hence he submitted the question to the Holy Roman Inquisition in the following terms (*St. Louis Med. Jour.*): 'Is it lawful to teach the operation of craniotomy, when by its performance the mother's life may be saved and the child's destroyed, but when it is not performed both mother and child must perish?' The answer was returned from the Holy Father, and his advisors or associates, that the 'operation for craniotomy could not be lawfully taught.' It would seem from this that hereafter no Catholic surgeon could perform craniotomy without being liable to the displeasure of the church.

"A late French journal gives the history of two cases of uncontrollable vomiting of pregnancy, which were both allowed to continue till death relieved the sufferers. The physician reporting exclaims: 'O, what am I to do? On the one hand a poor woman implores me to save her, and on the other the priest says, "Thou shalt not kill." Doubt overcomes me, and my patient dies.'

"From time immemorial the Cæsarian section has been a favorite operation in Catholic countries, for doubtless the same reason that forbids the craniotomy.

"In this case, which speaks, the voice of God,

science, or the priest? We doubt whether there be a Catholic surgeon in America that would let a woman die when he was convinced that the operation of craniotomy would save her life. If he would, would he not be accessory to her death?"

Dr. Ferran's Inoculations.

The Paris correspondent of a foreign exchange tells us that Dr. Ferran has sent another letter to the Académie des Sciences. He protests against the statement that he wishes to keep his method a secret. Dr. Ferran proposes to go to Paris, and make inoculations in the presence of the Academicians. M. Bouley regrets that Dr. Ferran did not profit by the presence of the French Commission at Valencia to prepare his cultivation fluid under their inspection, and to make inoculations with it. M. Paul Bert suggests that, as Paris is free from cholera, and, therefore, cholera inoculations are unnecessary, Dr. Ferran should be asked to send over some of his inoculation fluid, in order to submit it to an accurate scientific examination. M. Brouardel, in his report concerning the Cholera Commission sent to Valencia, states that Dr. Ferran refused to indicate his method for attenuating the virus, nor would he give any of the fluid, although he said he could make two cubic metrès of it a day. The statistics published are not unfavorable evidence of the good effect of Dr. Ferran's inoculations; but the alcaldies of the different towns, and the provincial magistrates, declare that Spanish statistics are not reliable.

Alcoholic Consumption in Belgium.

Belgium, according to the London *Times*, affords incontestably the worst statistics in regard to the consumption of alcoholic liquors. In less than half a century the use of spirituous liquors has more than trebled itself in that country, while the population has only advanced from 3,500,000 to 5,500,000. The use of spirits increased 66 per cent. between 1851 and 1881, and of beer increased during the same period 15.75 per cent. The consumption of spirits, wine and beer for 1881, amounted in value to 475,000,000f. Although the country is so small, it contained in 1880 no fewer than 125,000 places devoted to the sale of intoxicating liquors. There was a public house on the average for every 12 or 13 grown-up males. The suicides rose from 54 per 1,000,000 inhabitants in 1848 to 80 in 1880. The lunatics advanced from 720 per 1,000,000 inhabitants in 1846 to 1470 in 1881. The Inspector-General of Belgian Prisons reports that four-fifths of the crime and social misery during the last quarter of a century has been directly attributable to intemperance.

An Enormous Calculus.

Professor Humphry writes to one of our foreign exchanges that there is now in the Pathological Museum of the University of Cambridge, a stone that weighed when removed 33 ounces, 3 drachms and 36 grains, troy weight. The patient was an old woman, who had experienced no inconvenience from the presence of the stone, until on one occasion she took a long horseback ride, when she was suddenly seized with violent pains. Thereafter she could never make water, unless the stone was first moved, and she continued in great agony until she died. The stone was removed post-mortem. The nucleus is lithic; to this succeeds a considerable portion of the oxalate of lime variety; this is followed by layers of the triple crystals, covered by a thick coating of lithic, which is occasionally broken by a layer of the triple crystals, and the external surface is principally composed of the fusible calculus.

The Traction Conduits as Nuisances.

It has been repeatedly hinted that the conduits of the Traction Company were likely to prove prejudicial to health in so far as owing to the opening for the grip, they are really open sewers. We now note that at a recent meeting of the Board of Health a letter was read from Dr. P. N. K. Schwenk with reference to the conduit of the Union line of cars, on Spring Garden street, between Ninth and Seventh streets. This, he said, was "filled to within three inches of the surface with a semi-fluid offensive mass of filth." He regarded this as an "infection centre," and a nuisance detrimental to health. The matter was referred to the Medical Inspector to examine and report.

An Out-Door People.

To read of the "camps" this summer, religious and military, within less than a hundred miles of Philadelphia, is sufficient to show that as many thousands of people, now-a-days, as there were dozens a generation ago, get their ten days of open air in that way. The subject may differ, but the object is pretty much the same, a holiday of enthusiastic pursuits. The military encampments by the sea-shore are fortunate in their selection of places. They are not compelled to undergo the camp commissariat, and they have the beaches for parade-ground, if they choose to take them. Whether the bathing makes better soldiers of them or not, it certainly must add very much to the comfort and cleanliness of camp life.

The Bridgeport Epidemic.

It is reported under date of August 16, that the epidemic in the town of Bridgeport, Fayette county, Pa., is growing worse. The disease is dysenteric in nature, and is attributed to the dual circumstances of the filthy, unsanitary condition of the town, and the depraved physical condition of the people, due to the scarcity of good and wholesome food, owing to the hard times and absence of work. Dr. A. W. Howell, the only physician in the town, died recently of the disease, while Drs. Wakefield, Marsh, and Watson, of Mount Pleasant, are kept busy night and day.

The Lifeless Paris Morgue.

The morgue in Paris is too lifeless, so to speak, to suit the *Evenement*, which complains that it has nothing Parisian about it, that it wants gayety, and is generally unworthy of a city where the cemeteries are gardens, where funerals are festivals, where criminal courts are places of public entertainment, where executions are spectacles, and where a siege is the excuse for a carnival. An Irishman would probably say that the way to enliven the morgue is to put some life into it.

A Clever Impostor.

A Russian, who has been going about New Haven, Conn., soliciting alms on the strength of a badly swollen hand, which he told people was caused by rheumatism, was arrested a few days ago. At the hearing it was developed that the culprit was not afflicted with rheumatism at all, but had tied tightly a bandage around his arm, near the elbow, so as to make the blood settle in his hand and produce the swelling. A German present at the hearing said it was a regular trick of ordinary beggars in European cities. The prisoner was sent to jail for sixty days.

Items.

—A congress of Russian alienist physicians will be held in Moscow in September.

—The *Revista de Pharmacia e Drogaria* of Rio de Janeiro states that a free school of pharmacy has been founded by the Pharmaceutical Institute of that city, and is to be maintained at its expense.

—Dr. J. C. Neal, of Archer, Fla., writes: "In all the cases of exophthalmic goitre I have seen for several years, the patients, mostly female, have had auburn hair. Is this a coincidence or not? Have others noticed such cases?"

—M. Magnan cites a number of cases of madness among anti-vivisectionists. One woman first renounced animal food, then took in all stray dogs, and finally went round to the butchers, begging them not to slaughter any more cattle. She became finally mad.

—Professor Billroth, of Vienna, has lately received from the King of Portugal the large gold collar and star of the order of St. James, for skill and knowledge. The decoration is one which is very rarely bestowed. Some time ago, Dr. Billroth was called to the Portugese Court to consult in a surgical case.

—A. Häcker mentions in the *Vratch* some cases of foreign bodies in the air-passages. In one of them the patient, a child of five years of age, had been given a powerful emetic by a "feldsher" (a hospital sergeant), and when Dr. Häcker arrived, the child was almost moribund. He thinks that, as a rule, emetics do no good in these cases, and may produce serious mischief.

—In spite of severe sentences, the disgusting offence of biting still continues to be frequently practiced in Liverpool. In two recent cases the victims were city constables, and in each case the assailant was awarded three months' imprisonment with hard labor. In a recent case, the prisoner, a young woman, was committed to the sessions for trial for biting severely another woman, whom she also dragged to the ground and beat.

—The *London Med. Times* says that Professor Gustavus Jäger, well known in Europe as the apostle of woolen clothing, lately patented a pill, which contained, as he said, a distillation of the liquid which exists in human hair, and advertised his pill in a learned-looking pamphlet as a sovereign cure for many internal disorders. The Austrian Minister of the Interior was inquisitive enough to have these pills analyzed, and finding them to contain nothing but sugar of milk, has forbidden them to be sold.

—The Boston *Traveller* tells the following on the authority of a truth-telling auctioneer of that city: "A year or more ago, the auctioneer had for sale a lot of homœopathic medicines. All these medicines were dumped into one pile, and disposed of in one lot, there being various kinds of medicines in the mass. A boarding-house keeper bought the lot, and some days after the purchase, the auctioneer asked her, 'What did you do with that homœopathic medicine, Mrs. ——?' She replied, 'I thought I could use it, and it was cheap, and so I crushed it under the roller and then filled my sugar-bowls with it. The boarders seemed to like it, and especially when powdered over pies.'"

— Dr. G. Krosz writes to the *Deutsch Med. Zeit.*, that the removal of a plaster-of-Paris dressing is greatly facilitated by first scraping a groove with a knife, and then dropping along it a solution of caustic soda. In a few minutes the plaster becomes pulpy along this line, and the bandage can then easily be cut through. If two lateral grooves be made, instead of one, a lid can be cut out of the bandage, the leg can be lifted up for the necessary inspection and returned, the lid being reapplied and retained with a roller bandage. In this way the plaster dressing is not cracked, and the limb is not jolted in the effort to remove the bandage. By this method, also, it is a very easy matter to cut any fenestra that may be needed.

MARRIAGES.

ARNOLD—BRUMMELL.—August 5, 1885, at Seabright, N. J., by Rev. Charles Searles, Dr. Thomas B. Arnold, of Babylon, L. I., and Miss Adelaide Viola Brummell, of New York.

DOTY—BRUCE.—August 3, 1885, in New York, at the residence of the bride's parents, by Rev. D. Parker Morgan, Dr. Alvah Hunt Doty and Mary Thornton, daughter of Col. Sanders D. Bruce, all of New York.

HUSTEAD—KELLY.—June 25, 1885, in Wheeling, West Va., at the residence of the bride's parents, by Rev. D. A. Cunningham, D. D., Ashbel F. Hustead, M. D., and Miss Alice V. Kelly.

LEAVITT—KACHLINE.—June 23, 1885, by Rev. W. H. Filson, John F. Leavitt, M. D., and Miss Clara Kachline, all of Frenchtown, N. J

NIEL—WEEKS.—July 22, 1885, by Rev. John G. Oakley, Dr. James Niel, Jr., and Miss Georgina Weeks, daughter of Mrs. Margaret Kidd, all of New York city.

SAILER—DUFFY.—July 29, 1885, in New York, Dr. Zachary T. Sailer and Miss Rose Duffy, both of New York.

DEATHS.

ALEXANDER.—July 29, 1885, in Evansville, Ohio, Dr. Wm. Alexander, of apoplexy.

CORSE.—August 10, 1885, James M. Corse, M. D., in this city, aged 73 years.

FINLEY.—August 4, 1885, at Fort Concho, Texas, Dr. Samuel Moore Finley, Acting Assistant Surgeon U. S. A., oldest son of the late Surgeon-General Clement A. Finley, U. S. A.

TULLY.—July 30, 1885, suddenly, in New York city, Marcus C. Tully, M. D., in the 67th year of his age.

UPDEGRAFF.—August 3, 1885, in Elmira, N. Y., Dr Thaddeus S. Updegraff, chief of the staff of the Surgical Institute, of Bright's disease, aged 46 years.

He was an eminent microscopist, and two years ago was made a fellow of the Royal Microscopical Society of England.